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The Canadian Nurse

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The Canadian Nurse

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VOL. III.

TORONTO, JANUARY, 1907.

No. 1

AN ADDRESS.*

I think it is four years since I last had the pleasure of presenting the diplomas to the graduating nurses of the Royal Victoria Hospital. Such an occasion always seems to me to be at once of a festive and of a serious character. No doubt it is under that twofold aspect that it appears to you, the graduating nurses. For it is to you an end and a beginning, the end of a long course of arduous preparation, the beginning of a career to which you have long looked forward, a career now justly recognized to be one of the highest, noblest and best that can be followed by women. Yes, to no profession can the word "noble" be more fitly applied than to that of the trained nurse. We can all recognize and try to realize the truth of dear George Herbert's familiar lines, "Who sweeps a room unto the Lord makes that and the action fine." Yet we cannot but feel that there is a difference; that some work stands *per se* on a higher plane than other work. The question is not whether work be paid or unpaid (though I may say in passing, that the world has a curious way of concluding that the nobler a profession is the less should the public pay for it!) the question is not whether the nurse goes forth to her work clad in the ordinary hospital uniform or in the garb of some religious order. The care of the sick, the relief of the suffering, the saving of life, is a noble work in itself quite apart from all such considerations, and whether or not it is pursued in a noble manner rests solely with the spirit in which it is done.

Some of you may have read that delightful book, "The Life and Letters of James Hinton," by the late Miss Ellice Hopkins. Her very name is an inspiration to us all. You know how she, a woman of delicate physique, gave up her whole life for the alleviation of sin and suffering under some of its worst forms, at a time, too, when the world still thought it an indelicate thing for a woman to know anything of a form of sin and suffering which bears most heavily on her own sex. When this little woman, braving public opinion, and without any special gifts of oratory, told her story and made her appeal from the platform, I have been

*To the graduating nurses of the Royal Victoria Hospital, 1906.

told that she even made Bishops weep. This way of putting it seemed to me a little hard on the Bishops, whom I have always found, so far as my own experience goes, as soft-hearted as other men. However, I suppose they have to be more careful about their dignity. But this is a digression. What I started to say was that James Hinton, being a doctor himself, used to give to trained nursing even a higher rank than the practice of medicine. He wondered, indeed, how any woman could condescend to be a doctor who had the chance of being a nurse. He used to say, "When a commonplace young man says, 'I want to be a doctor,' I say, 'Very well,' because I daresay he will do well enough. And if a commonplace girl wants to be a doctor I take it for granted she will do well enough, too. But if a girl says, 'I want to be a nurse,' I begin to consider whether she has the requisite qualifications."

So high an ideal might be alarming, might be discouraging, were it not that it calls for just those special qualities of character which are most "true womanly," for gentleness and sympathy, and patience, and tact, and all that is wrapt up in the heart of motherhood.

And without making odious comparisons, may I say that our Canadian nurses should be, and I believe are, specially known by these characteristics. It is, for instance, an acknowledged fact that across the line, Canadian nurses are generally preferred. I have been told that this is because they have more staying power,—but this staying power, this reserve force, in so far as it derives from a less tense and highly wrought nervous organization,—must imply more repose of manner, a lower tone to the voice and generally more of that quietude which is so soothing in a sick room.

Then if we take the qualities of tact and adaptability where have we larger opportunities for acquiring them than in Canada, where things are still, as some would say, in the rough, where our roads, in a spiritual as well as in a literal sense, are full of "cahots," and we are sure to be dreadfully bumped about if we hold ourselves too stiff! It was in England, where the roads are smooth and rules can afford to be more rigid, that we had to part with a capable and conscientious nurse who was taking night duty in the serious illness of a near relative of mine, because of this lack of adaptability. Every morning the nurse told the doctor how many hours to the minute her patient had slept, every morning the patient indignantly disclaimed the soft impeachment, she had not slept half that amount, she had only lain quiet with her eyes shut. The nurse maintained her position, she knew by the breathing and so on. At last the patient felt her presence intolerable, she was afraid to shut her eyes at night, in case nurse should triumph—so there was nothing for it but to ask her to depart.

Now it is never a graceful thing to boast, it is a better thing to recognize that we *all* have the qualities of our defects and the defects of our qualities. But I feel about the trained nurse in

Canada that her hospital course drills her out of what some might call our national defects—our lack of order and method, of attention to detail—our “*through-other*” way of doing things; whereas the qualities of which these faults are the other side are constantly called into exercise by the conditions of life in a country where all is in the making.

So it is with a confident hope and with a pardonable pride that we bid our nurses go forth to-day to the work of their high calling. Of all work it is true that “the worker has but a span of time, a brief opportunity, a failing strength”—happily to-day under the improved conditions of a nurse’s life, this is hardly more true of your work than of any other calling—but of your work especially it may be said that if the work is great, so also—in ways that cannot be told—is the joy of the reward.

JULIA DRUMMOND.

448 Sherbrooke St. W., Montreal.

THE CARE OF NERVOUS PATIENTS.

Many physicians consider this branch of nursing more difficult and exacting than the care of acute medical or surgical cases. Nervous irritability in any form of sickness adds largely to the nurse’s difficulties, and in functional derangements of the nervous system it is always a prominent feature of the case. Further, the mental state of the patient is often such that it is difficult to distinguish his peculiarities from the delusions of insanity. He frequently shows antipathy to members of his family, and this may unfortunately extend to, and include the nurse.

Any one or all of the senses may become abnormally developed, and the nurse kept busy trying to protect her patient from the things which cause annoyance. Perfume on some has a peculiarly depressing effect. With others the sense of taste is abnormal. Some find that any articles of food containing salt burn the tongue and stomach. In one case the bread and butter had to be absolutely saltless, the vegetables when cooked in water with a very little salt caused acute pain, likewise even the normal salt in beef caused trouble. Others again find all seasonings and flavorings nauseating. As for color, blue in all its shades may prove most depressing, whereas yellow and green may be soothing. Perhaps the sense of hearing is the one with which the nurse may have most trouble. Noise or sounds that to a healthy person would not be noticeable, to the patient may prove most distressing. A case in point. In one of the large well-built homes in New York, a mother was ordered by her physician to take the rest-treatment. Much against the doctor’s will it was finally decided to give it to her in her own

home, and accordingly she was isolated on the third floor, seeing no person but her physician and nurse. The telephone was two floors below, and that telephone bell never rang night or day, but she heard it, and worried if it were not answered at once, and no matter how low the voice was she could hear the conversation. If any person called she knew if he came in, and often knew by the voice who it was. In some way she appeared to know everything that went on in the house. This, of course, was no rest, and after a couple of weeks' trial it was decided she would have to leave home and go with her nurse to some place where even if she did hear the sounds they would have no personal significance. After a few weeks there was a marked improvement in her condition, and although her hearing was still acute, she could not hear, or did not notice, sounds as she had previously, and in time made a complete recovery.

In such conditions doctors have found drugs of little or no avail, and indeed they often prove most harmful, as when the patient has for temporary relief used stimulants, hypnotics or anodynes.

In Dr. S. Weir Mitchell's book, *Fat and Blood*, he says: "A good brisk daily walk is for well folks a tonic, breaks down the tissues and creates a wholesome demand for food. The same is true for some sick people. The habit of horse-exercise, or a long walk every day is needed to cure, or to aid in the cure of disordered stomach and costive bowels: but if all exertion gives rise only to increase of trouble, to extreme sense of fatigue, to nausea, to headache, what shall we do? And suppose that tonics do not help to make exertion easy, and that the great tonic of change of air fails us, shall we still persist? They may be able to drag themselves about but no good will be done by making them do so."

The rest-cure for many such cases has proven most beneficial. This rest-cure now so generally used for nervous exhaustion consists of rest in bed, isolation, fattening or plenteous nourishment, and the use of massage and electricity, modified and prescribed by the physician to suit the individual case.

"The normal uses of enforced rest," again says Dr. Mitchell, "are readily estimated. From a restless life of irregular hours, and probably endless drugging, from hurtful sympathy and over-zealous care, the patient passes to an atmosphere of quiet, to order and control, to the system and care of a thorough nurse, to an absence of drugs, and to simple diet. The result always is at first, whatever it may be afterwards, a sense of relief, and a remarkable and often a quite abrupt disappearance of many of the nervous symptoms with which we are all of us only too sadly familiar."

Many patients are so exhausted they are quite willing to crawl into bed and rest, but by far the greater number are in

such a nervous and irritable condition that it takes several days before the nerves become sufficiently quiet to allow them to rest.

As for isolation, that is always according to the physician's orders. It is usually rigid only in extreme cases.

The question of nourishment is most important. In many cases there is extreme emaciation caused by stomach complications, and because of pain during or after eating, the patient has cut down the diet to starvation point, with the result that the stomach grows smaller and loses its ability to digest what little food it gets. Such cases require most careful attention. The patient has so lost confidence in the power of the stomach to handle any food that the nurse often finds it hard to persuade her patient to take the increased quantity or variety necessary. Then again, there may have been no pain at any time, and the patient may even have felt hungry, but after a few mouthfuls has such a sense of fullness that she can take no more. In such cases forced feeding is most helpful, and in time results in a good appetite.

Mrs. T. four years previously had had a panhysterectomy performed. When she came for treatment she was five feet seven inches (5 ft. 7 in.) in height, and weighed 78 lbs. Nothing she took in the form of food agreed with her, everything caused pain. Finally the doctor ordered warm peptonized milk, $\frac{3}{4}$ vi., and the white of one egg to be given at 7 a.m. This she said caused her great distress. At 9 a.m. she was ordered lavage and the doctor told her he was going to order her some medicine which was to be poured down the tube and left in the stomach. This, he assured her would give her great relief. This order consisted of the whole of two eggs, gluten $\frac{3}{4}$ i. and warm pept. milk and cream $\frac{3}{4}$ xvi. In a few days she told the doctor how well she felt after that "medicine." This was kept up for three weeks, and at the end of that time she was told what the "medicine" was. Of course she refused to believe that her stomach could handle any food with such comfort, much less such a quantity; but seeing was believing, and after this she did not complain so much of the other nourishment giving her pain, and by degrees it was increased in quantity.

In many cases there is a prolapse of the stomach, and often dilatation. This relaxed condition of the muscles prevents the stomach from emptying as quickly as it should, with the result that fermentation is set up, often causing great distress. Tone and vigor is given to the digestive organs by the kneading of the muscles or massage, thus enabling them to handle larger amounts of food with comfort and even with relish, and what at first was merely a fictitious appetite becomes in time a real one.

Again to quote from "Fat and Blood": "Let us think then when we put a person in bed that we are lessening the heart beats some twenty a minute, nearly a third; that we are causing the tardy blood to linger in by-ways of the blood-round, for it has its by-ways: that rest in bed binds the bowels and tends to

destroy the desire to eat; and that the muscles at rest too long get to be unhealthy and shrunken in substance. Bear these ills in mind and be ready to meet them, and we shall have answered the hard question of how to help by rest without hurt to the patient."

It is estimated that a thorough treatment of massage is equal to a five-mile walk without the loss of nervous energy entailed by the walk. The massage increases the circulation, and by actual test has been known in many cases to have increased the number of red corpuscles in the blood by 50 per cent. This in turn aids assimilation and digestion.

In a case of albuminuria from exercise Dr. W. W. Keen has shown that massage did not cause the return of albumin after rest, though exercise did, a difference due to the opposite effects upon the blood pressure of the two forms of activity.

The pulse should be slower and stronger after an hour of deep massage.

"The use of lubricants is a favorite device of unskilled manipulator," says Dr. Mitchell. "It also does away with much of the good effected by skin friction, is uncleanly, very annoying to many patients, promotes an unsightly growth of hair and should be avoided except where it is desired to rub into the system some oleaginous material. There are exceptional cases where a very dry hard skin or a tendency to excessive sweating during massage makes the use of some unguent desirable."

"So many nervous people are worried with indecision, with inability to make up their minds to the simplest actions, that to have the responsibility of choice taken away greatly lessens their burdens." In one of Dr. S. Weir Mitchell's lectures to nurses he said: "A nurse for nervous patients should be a happy bright person, pretty if possible, and tidy, but above all else she must have a good deal of will-power and tact, for many times she may have to *will* for two."

Along this line Anna —, age 17 years, had a year and a half previously had a severe attack of grip, which left her quite exhausted. She was allowed to get up too soon and in making an attempt to walk, not having the strength, sank to the floor. From that time on she was so convinced that she could not walk, that she would not even try. Her parents were most indulgent and matters had gone from bad to worse till finally at the end of eighteen months she was put in the hands of Dr. —, who made a thorough examination. There was a marked hypersthesia of the whole body, and the only person who could do anything for her without causing pain was her father. While examining her spine the doctor touched a particularly sore spot between the shoulders. The patient winced, and the mother, who was sitting across the room, cried out: "Oh! that is Anna's sore spot." The doctor asked the mother: "Did I hurt you?" and forthwith she was asked to leave the room.

By the aid of the doctor on one side and the nurse on the other

the patient after half an hour's trial took one step and was then lifted back to bed. Next day in the same way she took two steps, and next day four, etc. At the end of the first week she would take a few steps by the aid of the nurse at one side and holding to the bed on the other, and at the end of five weeks went several blocks alone.

Now Anna was not an obstinate girl, nor do I believe she tried to deceive people, she simply had not the strength, on her first attempt and in her weakened condition she allowed herself to think she could not walk, and until she was much stronger in body and met some person with a sufficiently strong will to control her she did not even try, being convinced in her own mind that she was paralyzed in the lower limbs.

We may be inclined to be harsh in our judgment of nervous people, but could we fully realize what they suffer in many cases, our criticism would be kinder and we would put forth our best efforts to help them.

ELIZABETH W. ROGERS.

A DEMONSTRATION OF SOME NURSING METHODS.

On Wednesday, November the 14th, the Montreal General Hospital Graduate Nurses' Club held a meeting in the amphitheatre of the hospital. The afternoon's programme began with an interesting and timely address by Dr. Helen MacMurchy on Opsonic Work. Dr. MacMurchy's description of Sir Almroth Wright's investigations and her explanations of the subject were clear and simple, the nurses thoroughly enjoyed her paper. Following this a demonstration of some nursing methods was given by Miss Young, Assistant Superintendent, and Miss Tedford and Miss Strum, staff nurses; Miss Shaw, instructor in the Training School, explained the work as it was being done.

The following detailed directions for such a demonstration have been written for THE CANADIAN NURSE at Dr. MacMurchy's request.

1. Changing a mattress with a patient in bed.

Remove the counterpane, pillows and extra blankets, leaving the patient covered with the sheet and one blanket. Loosen these all around and fold up at either side. Tuck the folded bed-clothing *smoothly* and *tightly* under and around the patient, first on one side then at the end, lastly the other side, making as it has been called "a mummy of one's patient." Now loosen the under sheet, bed rubber and draw sheet and remove them, while doing so, drawing the patient to the left side of the mattress. The help of a second person will now be required. Draw the mattress nearly half off the bed at the right side and have one person hold it. Place three pillows, end to end, on the left side of the bedstead, tucking their

edges under the edge of the mattress, so as to hold them in place. Unless the patient is very slight a third person's help will now be necessary. Have all three persons stand close together at the left side and thus lift the patient from the mattress to the pillows. Then have the mattress turned and the patient lifted back in the same manner. By lifting from *one side and at the same moment*, lifting is made much easier; having the bed clothing tightly tucked about the patient facilitates handling, and at the same time makes the necessary handling more comfortable for the patient. After this draw the mattress into position, removing the pillows, and make the bed in the usual manner.

2. Methods of Supporting a Patient.

(1) Back Rest and Pillows.—Remove the pillow, have the back rest or chair covered with a sheet. Have the patient lifted up, slip in the rest or chair, put two oblong pillows lengthwise against it, placing one *over* the other at the bottom and spreading them at the top. Put another pillow (preferably square) across the top; by this arrangement the whole back is supported. A Nightingale, or bed-jacket, should be put on the patient before lifting her up.

(2) Foot-Strap.—Fold a sheet diagonally into a bandage about eight or ten inches wide, place around the soles of the feet (when a patient is sitting up in bed) and fasten the ends at either side to the head of the bed or around the back-rest. Bed socks should be put on the feet or a pad placed between the feet and the sheet to keep them warm.

(3) Circular Pillow for Supporting the Knees.—Tie a thin oblong pillow together, about four inches from either end, so as to make a roll of it. Leave about a yard of bandage on each side; place the pillow under the knees and tie these ends about the sides of the bedstead to keep the pillow in place.

(4) Method of Supporting a Heart Case.—Place in front of the patient a wooden bed tray (a table tray with feet or supports), on this put a soft pillow so that the patient can rest her arms on it. Put a pillow at her back, and, if necessary, one under either elbow.

3. A Croup Tent.

Place a clothes horse around (three sides) a child's crib, cover the top with a blanket, letting it come down in front, within a foot and a half of the mattress. Pin other blankets to this one to form the sides and back; then fold a blanket and pin it in front so that it can be lifted or opened back to observe the child or regulate the temperature. Place a spirit lamp in a wash basin or a chair beside the crib, over this put a kettle of water, having the spout of the kettle connected by a heavy paper funnel with the interior of the tent.

4. Method of Washing a Bed Patient's Hair.

Have ready two small rubber sheets, a bath towel, three small towels, two basins, a pail or jar for waste water, a large jug or can of warm water, a small jug, a nail brush, a sponge or wash cloth, borax or ammonia, green or other *fluid* soap and a little non-absor-

THE CANADIAN NURSE.

bent wool or cotton. Have the patient lying on her side, face inwards, bring her head to the edge of the bed and see that the pillow is under her shoulder, not merely under her head. Cover this pillow with one of the rubber sheets, bring the lower edge of this rubber around the patient's neck and pin it together with a safety pin. Spread over this rubber a small, soft towel, tucking its edges between the rubber and the patient's neck. Cover the patient's shoulder and the top part of the bed clothes with the bath towel. Make the other rubber into an improvised Kelly pad, rolling one end over and over, then folding over and tucking in the sides. Put this pad under the patient's head, having the loose end in a basin on a chair beside the bed. Have this basin half full of water, to which add two drachms of borax or one of ammonia. Put the non-absorbent in the patient's ears, gently wet the head with the sponge or cloth, sprinkle with the soap and wash thoroughly, using the nail brush and also rubbing the scalp with the fingers. Then rinse the hair by pouring on water from the little jug, changing or emptying the basin when necessary. When the hair is clean and free from soap rinse with *cool* water, carefully remove the improvised pad and dry thoroughly. When partially dry, the hair may be spread out over the rubber sheet that is covering the pillow.

F. MADELINE SHAW, (R. N., New York),
Graduate Montreal General Hospital.

STATE REGISTRATION.

There is one aspect of state registration that has of late been pressing itself on my mind, and that is its great importance, because of the fact that Canada uses the United States so much as a field for her graduates to practise in. To make certain of this enquiries have been made of the superintendents of the Training Schools of the Province, as to how many of their graduates have gone to the United States of America. Though quite confident that numbers went over the border, it has been rather startling to find the percentage from many of our town hospitals, for it is the schools of the towns and smaller cities which send by far the larger quota. As nothing could be more convincing than to present the answers to many of my enquiries I shall proceed to do so.

From Stratford: "Fifty per cent. of our graduates have left for the United States." From Cornwall: "Seventy-five per cent. of the graduates of this institution are practising in the United States." From Sarnia: "About half our nurses go across the border to nurse." St. Catharines: "Looking over the names of the graduates of this school I find that at least half have at one time or another taken up work in the States." Belleville General

Hospital: "About one-fifth of the graduates of the B. G. H. are nursing in the United States." St. Joseph Hospital, London: "About one in ten." Woodstock: "Eleven in the United States, eleven in Canada." Lady Stanley Institute, Ottawa: "Graduates number nineteen, twelve are in the United States." Nichols Hospital, Peterboro: "Twenty-four nursing, and twelve of these are in the United States." Guelph General Hospital: "One-third of the graduates are practising in the States." Marine Hospital, Owen Sound: "One-third are practising in the U. S. A." Brantford: "I am quite safe in saying sixty per cent. of our nurses have gone to the U. S. A. to practice." Berlin and Waterloo Hospital: "About thirty per cent."

I may not occupy space in more quotations, but surely we can come to but one conclusion, viz., that our Province graduates more nurses than she requires for home work, and that the United States is a very acceptable field for many of them. Then is it not all-important if we mean to keep up our standing, that we see to it that our nurses are as fully equipped as any trained in the most advanced State.

We have heard over and over that Canadian women are well thought of as nurses wherever they are found. Then train them thoroughly, make a registration test of as high a character as the highest—one that falls below that is of no value—and so send them forth equal to the best in our own or any other land. Let us not be content with low attainments, but strive for "the top of the ladder."

The States of New York, Connecticut, New Jersey, Maryland, Virginia, Colorado and California have all secured bills. In these States our nurses must be below par without registration. Many other States are preparing the way for legislation. Does there not seem a danger that in the near future the more intelligent young women, of the class that have been coming forward, to study in our smaller schools, will go to the United States to take their training, when the curriculum will have in view the registration test, and for us, will be left, the less far-seeing and capable. Indiana, Michigan, Massachusetts, Illinois, Pennsylvania, have all had their bills defeated as have we. But they are keeping up the fight, and so will we; keep it up until we win.

They say British soldiers never know when they are beaten, but just keep pegging away. A body of Canadian nurses, we will take a leaf out of their book and keep at it, and at it.

What can we do to help on our good cause? Two practical things have been suggested: Every superintendent of a training school whose graduates go to the United States to practise, can educate her board as to the importance of having their nurses registered graduate nurses before they leave their own country, so that they will not be obliged to take an examination in the United States before having an equal standing with United States graduates.

Chapters or branches of the "Graduate Nurses' Association of Ontario" might be formed in all hospital towns and cities, where graduates and undergraduates might keep abreast of the times concerning registrations, and might make most helpful and useful plans to further our great aim.

CHARLOTTE E. EASTWOOD.

THE PRELIMINARY COURSE AT THE LAKESIDE HOSPITAL OF CLEVELAND.

Our preliminary course at the Lakeside covers six months.

Besides the lectures from physicians on Bacteriology, Anatomy, Physiology and Materia Medica, we take up Nursing Ethics, Household Economics (including the cost of all hospital supplies and appliances), Bandaging, Dietetics and First Principles of Nursing. The probationers are also given a short course of lectures on Pharmacology by our chemist and a talk on Ventilation, Heating and Plumbing by our own engineer.

In so far as the principal has the oversight of the questions given on examination, they are confined to the mechanical phase of the work. Our pupils are not asked to use their judgment in matters pertaining to the treatment or care of the sick.

The probationers are taught by their supervisor in the class room and by practical demonstration in the wards how properly and intelligently to care for the sick, but the only work in the way of nursing that they do in the wards is the bathing of one patient each day, the feeding of helpless patients and the making of empty beds.

Those on duty on the wards have the dusting of the wards, sun-rooms and lavatories, the care of the linen rooms and the serving of soft diet trays and liquids.

The dressings are all made by the probationers under the supervision of a competent instructor. They each serve a term in the operating supply room where they learn the methods of sterilization and the making of solutions.

They do the work of the diet kitchen under the supervision of a teacher.

They are on duty six and a half hours a day and are given one or two classes a day, usually in the afternoon. They are required to take notes of all lectures and these are regularly examined.

BERTHA M. TOYE.

Lakeside Hospital, Cleveland.



ST. ANTHONY, Oct. 14th.

"I am now at my eighth, and I hope last, stopping place, on my way to Hanington; if it is as difficult to get away from there as it is to go I think I shall make up my mind to stay on the Labrador for the rest of my life. It is a most inaccessible place, no steamers call there, just trading schooners and fishing smacks from Quebec and Halifax, so that I have to depend upon the "Strathecona" to take me down. She is now making her second and last trip there for the season, for navigation will soon be closing. Dr. Grenfell has just closed the summer hospital at Indian Harbor, 200 miles north of Labrador, bringing the staff to this: the remaining workers, who were volunteers from the States and England, having gone home. We started yesterday morning for Hanington, but the boiler broke down and we may be delayed until Tuesday. It was fortunate it happened before we left the harbor, for at St. Anthony, which is on the extreme northeast corner of Newfoundland, the straits are 60 miles wide and the crossing is often very rough. As the *Strathecona* is a small boat without much accommodation and noted for its rolling properties, we do not anticipate having a very nice trip, for it is quite cold, wet and windy with frost at night. We expect to take a week to reach Hanington, which is 200 miles southwest of here, for we have several places to call at, and it will not be safe to steam at night, the shore is so dangerous.

SS. STRATHECONA,
STRAITS OF BELE ISLE, Oct. 21st, 1906.

I know that when you read this letter you will be disappointed, but hope you will say I am doing the only possible thing, and advancing Dr. Grenfell's work more this way than I could this year in any other. If I could have telegraphed or written to you from Hanington for instructions, I would have done so, but the facilities

*Extracts from letters received from Miss Mayou, Victorian Order Nurse at Dr. Grenfell's Hospital at Hanington, Canadian Labrador.

are nil, there will not be another mail until next January, and the telegraph office is closed with the fishing season. When we got to Hanington on Thursday we found that the building was up, the carpenters having left for St. John's, 700 miles away, the day before; but that was all, then there was no equipment of any kind. Neither furniture, furnishings, food, fuel or heating apparatus, so that it would have been utterly impossible to have taken in any patients with no means whatever of feeding, warming or caring for them. No one not on the spot can realize the immense difficulties to be contended with in building and equipping an institution situated as Hanington is, cut off from communication with the outside world.

1st. The very inadequate mail service, only eight during the year, four in the winter from January to May by dog komatik, and four in the summer by little open sail boat, which brings the letters 100 miles from Bonne Espérance where the steamer leaves them.

2nd. The uncertain means of transportation, no steamers call there, except the *Stratheona* twice and the Government boat once a year, everything has to be taken by the trading schooners from Quebec, 900 miles; Halifax, 500 and St. John's, 700 miles away.

The summer working season is so short that it is marvellous so much should have been done, for the foundation had to be blasted out of the solid rock and every single thing used brought from St. John's. You cannot buy even a pin at Hanington, for there is not the slightest attempt at a shop, everything is bought from the trader's vessels in exchange for the fish. Dr. Grenfell and Dr. Hare talked the matter over and decided that as conditions are it would be better for me not to stay at Hanington, where there would be nowhere for me to live and no hospital work for me to do, but to spend the winter at St. Anthony, the third of Dr. Grenfell's hospitals and where extra help is very much needed for the efficient carrying on of his work this winter. He has quite an industrial establishment there, for in addition to the hospital are the orphanage, the workshop, where weaving, spinning and basket making are taught upstairs, and carpentering down, a fox farm, a Belgian hare run and a pigeon cote. A winter there will make me very much more efficient and treble my usefulness to Hanington, for the following year, for I am going to learn all those industries and introduce them at Hanington. Dr. Grenfell's object and desire is not only to treat the bodies, but to teach the people how to uplift themselves and have other occupations than simply fishing, which, until he came, was all they had, and meant being idle for eight months of the year and starving if the summer catch was poor. We expect to reach St. Anthony to-morrow week. Dr. Grenfell is calling at several places on the way, giving medical, spiritual and industrial aid. We hear the people at Lancia Loup are starving, not having caught any fish this year; he will help them.

SPECIAL NOTICE.—A post graduate course in district nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

Ambroise Paré

Canadian District

MONTREAL.—St. John Evangelist, third Tuesday, 8.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

A meeting of the Guild of St. Barnabas for Toronto was held on October 26th, when four associates were admitted to membership. A suggestion was made to have the meetings on the last Friday of the month, alternately afternoon and evening. After discussing the matter a vote was taken, and it was decided to try this.

It has been decided by the District Council in Montreal, at their meeting in October, that nurses not belonging to the Church of England can become honorary members with all the privileges of the Guild, paying honorary membership fee, \$1.00, and also for *Misericordia*, sixty cents a year.

In the Toronto Branch there are now twenty-two members, six associate members and four honorary members.

The November meeting was held as usual on November 30th, at St. James' Rectory. The hour of meeting was 3.00 p.m., and after the service in the chapel of the Rectory, at which the office of the Guild was said by the chaplain, the Rev. Canon Welch, a business meeting was held, and then the Guild enjoyed the kind hospitality of the Superior, Mrs. Welch.

The next meeting will be held in St. James' Rectory on Friday, January 4th, at 8.00 p.m., at which it is hoped that every member of the Guild will surely be present, to begin the New Year. It will be understood (see above) that nurses not belonging to the Church of England will be welcomed as associate members and honorary members. Application may be made to the Secretary, Miss Roger, 5 Howland Avenue. The annual subscription for members and associate members is sixty cents, which includes the subscription to the Guild paper, *Misericordia*.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true page;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

"A Happy New Year."

LOYAL AND LOVING.—Purge out of every heart the lurking grudge. Give us grace and strength to forbear and persevere. Offenders, give us the grace to accept and forgive offenders. Forgetful ourselves, help us to bear cheerfully the forgetfulness of others. Give us courage and gaiety and quiet of mind. Spare us to our friends, soften us to our enemies. Bless us, if it may be, in all our innocent endeavors. If it may not, give us the strength to encounter that which is to come, that we be brave in peril, constant in tribulation, temperate in wrath, and in all changes of fortune, and down to the gates of death, loyal and loving one to another.—*R. L. S.*

THE ONLY WAY TO LIVE.—"Have we the courage to do God's will, cost what it may; to be generous, to give, to fight, to toil, to deny ourselves, seeking no reward save that of knowing that we do His will? It is the only way to live. 'Not everyone that saith Lord, Lord, shall enter into the Kingdom of Heaven, but he that doeth the will of My Father who is in Heaven.'"

From a sermon preached to the Catholic Nurses' Guild, Convent of the Visitation, Harrow-on-the-Hill, by the Very Rev. Prior MacKinlay, O.S.B.
—*The Catholic Nurses' Magazine.*

WORK REMAINS.—"Let us correct the sad thoughts by the thought of the permanence of work. Prosper thou the *work* of our hands. Feelings pass, thoughts and imaginations pass; dreams pass; work remains. Through eternity, what you have done, that you are. They tell us that not a sound has ever ceased to vibrate through space; that not a ripple has ever been lost upon the ocean. Much more is it true that, not a true thought, nor a pure resolve, nor a loving act, has ever gone forth in vain."

So then we will end our year.

F. W. ROBERTSON.

The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication. Please send MSS on the 1st of each month.

VOL. III.

TORONTO, JANUARY, 1907.

No. 1

Editorial.

A HAPPY NEW YEAR.

To all our friends, new and old, near and far, we offer our best congratulations and good wishes for the New Year. The Publication Committee, soon to be merged into a large and representative Editorial Board, heartily thank the Canadian profession and the Canadian public for the enthusiastic and kindly support and approval which has enabled us to surmount all difficulties and become a Monthly Journal worthy, we hope, of the profession and of Canada, and worthy of still more enthusiastic and loyal support.

THE GUILD OF ST. BARNABAS FOR NURSES.

It is difficult to express in words the feelings with which almost all nurses whom we have ever known regard in their hearts the religious aspect of their daily work. One cannot stand close beside the mysteries of Life and Death or see, as one does in a hospital, the changes and chances of this mortal life, without remembering that the things that are seen are temporal, but the things that are not seen are eternal, and longing that Almighty God would so teach us to number our days that we may apply our hearts unto wisdom.

It has great significance to the student of history, as well as to the student of medical science, to observe that the earliest hospitals were in connection with religious orders and the earliest nursing work was done as a religious vocation, as, in many cases, both under vows and not under vows, it is still.

The management of this magazine, and the associations of which it is the official organ, have always been in sympathy with this aspect of professional work. The meetings of the O. G. N. A. are opened with prayer. There is scarcely a hospital under the charge of any church in Canada, either Catholic or Protestant, where we have not subscribers. For these and other reasons, it is with feelings of hope and gratitude that we announce to our readers the opening of another new department in *THE CANADIAN NURSE*—The Guild of St. Barnabas, under the charge of the officers of the Canadian district in Montreal, Ottawa and Toronto. A brief history of the Guild will be found in *THE CANADIAN NURSE* for March, 1906, to which we hope all our readers will refer. The meetings of the Guild in Toronto are delightful and helpful. The brief religious service in the quiet of the Rectory Chapel, and the influence of the meeting itself, will not willingly be missed by any one who has once enjoyed them. We hope a number of new members from other churches, as well as the Church of England, will join after the new year.

THE VICTORIAN ORDER OF NURSES OF CANADA.

It is with no little pride and satisfaction that we open this month a new department in *THE CANADIAN NURSE*. Founded by Lady Aberdeen at the time of the Jubilee of her late Majesty, Queen Victoria, bearing her name, and bearing, too, the impress of her affectionate and benevolent character, the Victorian Order of Nurses has proved itself a boon to the people of this country, especially in the new and far distant places where the pioneers have but few to care for them in accident and sickness, and in our large cities where the problems of a crowded and foreign popula-

tion are beginning to press. The department will be conducted by Miss Allen, of Ottawa, Chief Lady Superintendent of the V. O. N., and we extend to her and to the new department of the magazine a cordial welcome on behalf of every member of the Publication Committee and every subscriber of the magazine.

OUR TWIN IN CALIFORNIA.

We are delighted to hear that "*The Nurses' Journal of the Pacific Coast*" is to be a monthly, beginning with the first number of Vol. III., Jan., 1907. Says the editor: "Our very courage in assuming the responsibilities which this work will entail may be due to our very limited experience. However, we have voted to publish the *Journal* monthly, and we must work with the determination to make it a success.

"We want a publication that will be more useful to our readers than in the past. We need more contributions on practical subjects and regular contributions to the departments represented. Members of the California State Nurses' Association, remember, this is *your Journal*, and its success or failure in fulfilling its mission rests with you. If you have the true "California spirit" do your part to make the *Journal* valuable and interesting.

"The Editors earnestly request that all material be sent in regularly before the 1st of each month, beginning with December, 1906."

That is just what we were going to say to our own readers. It is all TRUE, and all success to the *California Nurses' Journal*.

THREE BRAVE DEEDS.

In August, at Douglas, in the Isle of Man, two nurses of the Southport Isolation Hospital, saved the life of a lady who was seized by cramps and was drowning.

About the same time also Lady French, at Aldershot, presented the medal of the Society for the Protection of Life from Fire, to Mrs. Jones, a graduate of the Louise Margaret Hospital, who had rescued a little child in a fire that broke out on the drivers' quarters of the A.S.C.

And a few days after the nurses of the Throne Hospital of Belfast where a bad fire broke out, by their courage and presence of mind, saved all their patients, thirty children, many of them helpless, carrying them out through the dense smoke and fire. Many a deed as brave as these three, done by nurses, is unknown except to Almighty God, but thank God, we sometimes hear of them and they "encourage the others."

Before we could publish this article there came the news of three brave Canadian nurses succouring the wounded in a railway collision, near Paris, France, showing such common sense, courage and heroism that Paris was full of their praises. We have been requested by the ladies themselves to say nothing, and this reference is necessarily brief. The three ladies were Miss Coleman and Miss Monroe, graduates of the Boston General Hospital, and Miss Hogie, a graduate of the Massachusetts General Hospital.

Editorial Notes.

Miss Snively's Report.—A recent issue of the *British Journal of Nursing* publishes in full Miss Snively's Annual Report (T.G.H.) to which we referred in our last issue, together with a kind and complimentary editorial reference.

A Great Benefactor.—By the death of Mr. George Herring, the millionaire, London hospitals lose a most generous friend. To the Hospital Sunday Fund, and in other channels, he had given a million dollars. He was a man of charming modesty, settled contentment (both before and after riches came), and genuine kindness.

The Nurses' Missionary League.—The League held a delightful Reunion in the C.M.S. house in Salisbury Square on Oct. 2nd, the object being to begin the winter's work and say a kind good-bye to four nurses about to leave for foreign service, two in India and two in China.

The Nurses and the Prime Minister.—The Society for the State Registration of Trained Nurses is now organizing a petition to the Prime Minister praying that the Government will bring in a Bill to Register Trained Nurses. All enquiries should be addressed to Miss Mary Burr, 431 Oxford St., London W. We are very much interested in this proposal inasmuch as the Publication Committee of THE CANADIAN NURSE has been considering the very same question and earnestly requests instructions and advice upon this subject from all subscribers, all Nurses' Associations and all others interested in the subject.

The Locked Bath-Room.—We learn from *The Hospital*, that "the committee of a large hospital in the provinces" decided to have the bathroom doors locked because the nurses desired to have a bath every day, and this "luxury" cost 30 s. a week for the entire staff. "What fools these mortals be!" The Medical Board, on being appealed to, ordered the locks to be removed. We never, in the course of a somewhat long life, heard anything like this before!

The Contributors' Club.

INDIA, September 12, 1906.

DEAR MISS CHRISTIE.—It is so good to have an old patient bring in some relative or friend of hers, who is frightened to death of white people, and especially of their medicine, and say, "You have done me so much good will you cure this one," and then she will persuade her friend to come and be examined and treated, and all the time telling not to be afraid, that we are not going to hurt her whatever. Some of them insist on having the doctor use the stethoscope to whatever part of the body is paining, such as a rheumatic knee or abscess in the breast. If the stethoscope has been used and the pulse felt, then the patient is sure that the doctor knows what is the cause of the trouble. Another one will come in and tell her woes over two or three times, until the doctor wishes her many miles out of sight, especially when very busy, but no, that will not do, the doctor must explain two or three times, then the nurse must, and finally the patient returns to the doctor so as to tell her (the doctor) correctly what the trouble is. Then the story has to be listened to again and explanations concerning her trouble, the cause and so forth, and finally the directions about medicine and treatment have to be given again. If it should be an operation case then, after all this has been gone through, the men take a day or two to decide whether the woman is worth having the operation performed or whether they can do without her in the home. If they can do without her she is allowed to come.

Sometimes a case comes in and is ready to be operated on, but this is seldom. The day has to be propitious or else the patient will die. Even the hour of the day has to be considered. With one caste certain hours are unlucky, in other castes other hours are unlucky. If a patient is dying the friends usually ask to take her away before she dies, as it is unlucky for her to die in our hospital (in a white person's place).

We have three trained nurses and seven in training. They all have to be watched and we have to be continually teaching them almost the same things every day. They have a very poor memory for details. But when one considers the homes from which they come and limited education, they do very well. We are trying to get the better educated girls, but they have to be taught very carefully. We have only forty-two beds in the white hospital, there are three wards and two private wards. Our private wards are nearly always occupied by Europeans.

At the end of this year we hope to be able to get out an illustrated report of our hospital and its work, a copy of which I will send you. I'm sure you will be interested to see the cuts.

This last month in our out-patients we had 1,239 new patients.

3,388 treatments given, 131 visits made in town, 83 new patients in the wards, 16 large and 91 minor operations, including both out-patients and in-patients and obstetrical. The operations are not as many as in May. The obstetrical work is increasing slowly.

I'm afraid this is not as interesting to you as to one who knows or rather has seen the work, but it will give you an idea of the trials that have to be overcome and the patience and tact required to get along with them. I intended when I commenced this letter to write something for the journal, but am afraid this will not do. If you think that there is anything that would be of interest to your readers you are at liberty to print what you think best.

Yours most sincerely,

L. M. H.

Correspondence.

DEEP SEA MISSION HOSPITAL,

ST. ANTHONY, NEWFOUNDLAND, NOV. 14, 1906.

DEAR MISS HARGRAVE,—Your letter of October 5th I received yesterday. It was forwarded to me here, which will be my winter quarters until June, when, as soon as the Straits are clear of ice, I shall go to Hanington to open the new hospital, the fourth belonging to this Mission, but on the Canadian Labrador. It was not ready in October when I went there, so I shall be here until next June, when navigation opens again and there is once more communication with the outside world.

We get letters here once every two weeks from June until the end of December, by the mail steamer from St. John's, then just four times by komatik, a light sled drawn by dogs, until the steamer can come in again.

I have had requests from four different magazines for articles upon Dr. Grenfell's work on the Labrador. I will try to send you something before navigation has completely closed to the ice-breaking mail steamer. It takes the dogs so long to come from Quebec, they cannot do more than from forty to fifty miles a day, and have to travel between 800 and 900 miles, so they carry nothing but letters. If I had time I could write pages and pages upon the work of the Mission, it has so many phases and does such an immense amount of good that it is worthy of all support. I am sorry that I shall not be able to attend any more of your meetings. I hope you will be able this session to frame and pass a satisfactory Bill.

Yours sincerely,

EDITH MAYOU.

Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE, TORONTO; MISS CRAWFORD, WINNIPEG;
AND MISS YOUNG, MONTREAL.

MISS FLORENCE BECK, graduate M. G. H., has given up her flat at "The Salisbury," and is now living at the Club.

MISS KATHLEEN BROCK, M.G.H., has returned to Montreal to resume private work, and has taken up her residence at the M. G. H. Club, 59 Park Avenue.

MISS MOFFATT, graduate M. G. H., has returned to Montreal, and is doing private nursing. It gives us great pleasure to welcome back one of our nurses of such high standing.

On Wednesday, November 14th, Dr. MacMurchy and Miss Mitchell were the guests of the M. G. H. Nurses' Club at dinner. Miss Mitchell was also the guest of the Club till November 15th, when she left for Caledonia Springs.

THE visit we had last month from Dr. MacMurchy, editor of THE CANADIAN NURSE, and Miss Mitchell, Convener, was a very great pleasure and treat to all those who had the opportunity of hearing and meeting them. Their intense interest and convincing enthusiasm in the the work they are trying to put forward, was extremely stirring and highly appreciated.

On Tuesday evening, November 13th, Dr. MacMurchy and Miss Mitchell, spoke at a meeting of the Canadian Nurses' Association. On Wednesday, November 14th, Dr. Ritchie England entertained our visitors to lunch, after which they attended a meeting of the M. G. H. Graduate Nurses' Club, at Montreal General Hospital.

DR. MAUDE ABBOTT gave a luncheon party for Dr. MacMurchy on Tuesday, November 13th, and asked the following ladies to meet her: Lady Drummond, Miss Livingston, Miss Henderson, Miss Mitchell (Toronto), Mrs. Sherwood, the Misses Barker, Finley, Young, Hall, Aitken, Lewis, Parker, Shaw, Gilmour. In the afternoon of the same day Lady Drummond invited the same ladies to tea and gave them the treat of seeing some of the beautiful pictures at her residence.

THE Training School of Nurses of the Montreal General Hospital have added, since October 1st, an important feature to its curriculum, that of teaching the probationer, by demonstration, the simple principles of nursing before she is placed in the hospital ward. This preliminary course is included in the probationary period and forms part of the regular three years' course. Miss F. M. Shaw, a graduate of the Montreal General Hospital Training School, and holding the diploma of the Teachers' College, Columbia University, New York, has been appointed to this important post of instruction.

PORT HOPE will probably soon have a hospital.

A CATHOLIC hospital is to be erected at Saskatoon, Sask.

THE new hospital at Melfort, Sask., is approaching completion.

A LARGE addition is being made to the McKellar Hospital at Fort William.

MISS M. S. MACAULAY is in charge of the new Cottage Hospital at Virden, Man.

MRS. M. L. JARDINE has been appointed Night Supervisor at the H. S. C., Toronto.

THE John H. Stratford Hospital, at Brantford, is to have a new Nurses' Home, to cost \$10,000.

MISS ETHEL NOBLE, graduate G. and M. H., Owen Sound, is visiting at her home in Bolton.

THE Railway and Marine Hospital at Port Arthur, is erecting a new building, at a cost of \$40,000.

MISS UNDERHILL (H.S.C.) has just been appointed nurse in charge at the Aged Women's Home, Toronto.

MISS M. EMMA YOUNG (class of 1906), has been appointed Night Superintendent in Toronto General Hospital.

IT is expected that the new building for the Holy Cross Hospital at Calgary, Alberta, will be finished this month.

MISS REGAN, a graduate of St. Michael's Hospital, has taken a position in the Chester Hospital, West Chester, Penn.

MISS JENNIE SMITH, graduate of Grace Hospital, Toronto, has taken charge of Dr. Bird's Hospital, Blind River, Algoma.

MISS DAISY BROWNE, graduate, H. S. C., '02, Toronto, has been appointed operating room nurse in the Hartford Hospital.

MISS GLADYS OWEN, graduate Kingston General Hospital, has taken the position of Parish Nurse in connection with St. James' Cathedral, Toronto.

THE Board of Trustees of the G. and M. Hospital, Owen Sound, are making every effort to secure sufficient funds to build a large addition to the hospital in 1907.

MISS McISAACS, graduate T. G. H., has gone to Edmonton to take charge of the hospital there. Miss Sargent has accompanied Miss McIsaacs as assistant.

MISS M. R. MACDONALD has resigned her position of Superintendent of the Victoria General Hospital, Halifax, and leaves early in January to visit friends in the United States.

MISS A. WALKENSHAW, graduate H. S. C., Toronto, has resigned her position in Lakeside Hospital, Cleveland, O., and intends doing private work in Toronto.

MISS E. ARCHER has resigned her position as Superintendent of the Moosomin Hospital.

MISS POMEROY has taken up work in connection with the Victorian Order of Nurses in Montreal.

MISS MARY GRAY has been doing post-graduate work in the operating theatre of the H. S. C. during the last five weeks.

MISS EDITH GAMBLE, a recent graduate of the V. P. H., Fredericton, N.B., is engaged in private nursing in Duluth, Minn.

MISS WHITMARSH has returned to the Superintendency of the Fenwick Sanitarium, Abbeville, La., after an absence of two years.

MISS A. SIMS has returned to hospital work, and has been appointed Superintendent of Memorial Hospital, Morristown, N.J.

MISS ANTON, who has had charge of private wards in the Royal Victoria Hospital for over five years, has left for her home in Ireland.

MISS MARGARET A. CRINGLE has recently been appointed Third Assistant in the Training School for Nurses, Toronto General Hospital.

MISS M. JONES, who has had charge of the preliminary course in the Presbyterian Hospital, Chicago, has taken charge of the Grant Memorial Hospital, Columbus, Ohio.

THE Trustees of the V. P. H., Fredericton, N.B., have had the "Asa Dow Wing," for contagious diseases, enlarged and improved. The building was ready for use by the end of November, with accommodation for both public and private ward patients.

WE have learned with great regret of the serious illness of Mrs. Strachan (Miss Gladstone), at her home in Fort William. Dr. J. F. W. Ross, with his usual kindness, went to Fort William for a consultation for her benefit.

MISS PURDY, Head Nurse of the Pavilion, T. G. H., has improved in health and has gone to spend Christmas at her home in Kincardine. Miss Stirling, who accompanied Miss Purdy, will spend Christmas at her home in Goderich.

FOR the first time the School of Nursing in connection with Toronto General Hospital has issued a calendar, which will be found of great interest by all concerned. It contains much important information.

OF the class of nurses who graduated in June last from St. Joseph's Hospital, London, Ont., all have settled down to work in the city, with the exception of Miss E. Cummins, who accepted a position in the Skene Sanitarium, Brooklyn, N.Y. These nurses have been very steadily employed since leaving the hospital and are very much encouraged by the success they have met with thus far. Early in the new year a class of six will graduate.

MISS McLEOD, graduate Kingston General Hospital, has gone to take charge of the Parry Sound Hospital. Miss Hamer, a graduate of St. Michael's Hospital, Toronto, takes charge of the operating room.

MISS FLORENCE G. ASHTON, whose essay won the prize of \$75.00 offered by the Alumnae Association to the Graduating Class of the Lakeside Hospital, Cleveland, is a Canadian, and the daughter of the principal of the Indian School on the Mohawk Reserve, near Brantford.

MISS EUGENIA BELLEPERCHE, graduate St. Joseph's Hospital Chatham ('06), has taken up private nursing in the city for a time. Miss Edith McCrie, a graduate of the same school ('04), has been ill with typhoid fever. Her friends will be pleased to hear she has recovered and is convalescing at her home in Mandacemin, Ont.

Two notable appointments have just been made in New York. Miss Goodrich, Superintendent of the New York Hospital Training School for Nurses has been appointed Inspector of Bellevue and five other large city hospital training-schools; and Miss Aline has been appointed Inspector of Training-Schools for the State of New York. We congratulate both ladies, and wish them great success in their new and very important positions.

THE new Nurses' Residence at the Royal Victoria Hospital is fast approaching completion, and the Superintendent, Miss Henderson, looks forward to its occupation by the nurses at an early date. The effects of the recent fire at the Royal Victoria will not only be overcome by the new buildings, but the hospital will, in the end, be in a greatly improved position, so far as accommodation and equipment is concerned. The new rooms for hydrotherapy are admirable in their plan and equipment.

THE graduating exercises of the Hamilton City Hospital were held in the Nurses' Residence on November 15, 1906. The following nurses received their diplomas and badges: Barbara Simpson, Hamilton, Ont.; Esther Evans, Hamilton, Ont.; Etta McLeay, Watford, Ont.; Josie Mayne, Woodstock, Ont.; Beatrice Harvey, Hanley, Sask.; Margaret Hickey, Woodstock, Ont.; Edna Storms, Violet, Ont.; Rosa Branscombe, Hanley, Sask.; Millie Hanham, Wellandport, Ont.; Wilhelmina Adam, Hamilton; Mary Cumberland, Alliston, Ont.; Jennie Quinsey, Hamilton; Anna Hennessey, Hamilton; Mabel Dunlop, Hamilton.

THE new wing at the Western Hospital, Toronto, to be known as the Alexandra Wing, was formally opened on Wednesday, November 28th. A reception, which was very much enjoyed, was given by the Board of Governors and the Ladies' Board. Dr. Augusta Stowe-Gullen took occasion to ask for the interest and support of the friends of the hospital for the new Nurses' Home, which it is hoped will be erected in the near future, and for which a considerable sum has already been subscribed.

The Aluminae Association of the Hospital for Sick Children, Toronto, intend to hold an informal open meeting on January 10, 1907, at 3.00 p.m., in the Nurses' Residence. Music, readings and an address from the President, Miss Hamilton, will form the programme. Tea will be served at 4.30.

THE many friends of Miss Souris (T.G.H., 1897), will learn with great regret of her untimely death on December 10th. An operation for the temporary relief of pain and distress was performed while she was in a private ward at T. G. H., but as nothing further could be done, Miss Souris returned to her home, accompanied by her two nurses. With all her wonted courage and cheer Miss Souris unselfishly and bravely bore what few could bear, and died as she had lived, a heroine.

A NEW story is being added to the Nurses' Home at Montreal General Hospital, which will make the building much more complete and comfortable. A large part of this great hospital has been rebuilt, or newly erected, in recent years. It is a most interesting place to see. One of the first things to attract the attention of a stranger is a brass tablet to the left of the spacious entrance hall, which records the noble generosity of Mr. George Chetwoode Hamilton, who, "dying at an early age, and in a foreign land," left to the hospital one hundred thousand dollars.

ON December 1, Miss Snively, Lady Superintendent and Superintendent of the Training School for Nurses, Toronto General Hospital, completed twenty-two years' service in that onerous and responsible position. There are few indeed who have discharged so long such arduous duties, and fewer still who have done so much as she for the advancement of the profession. THE CANADIAN NURSE would offer to Miss Snively the kindest congratulations on the anniversary, and express the hope that she may long be spared to continue her faithful and devoted and very valuable services to the profession and to the community.

THE annual meeting of the Nurses' Alumnae Association of the Kingston General Hospital was held at the hospital on May 15th, 1906. The officers elected for the year were: Hon. President, Miss Gordon; President, Mrs. Tilly; First Vice-President, Miss Veale; Second Vice-President, Miss Draper; Secretary-Treasurer, Mrs. Nicol; Assistant Secretary, Miss Patterson; Convener of Surgical Supply Cupboard, Miss Wilson, assisted by all the members of the Alumnae. In the report of 1905 mention was made of the Alumnae Association's efforts to establish a library in connection with the Nurses' Home. Many donations of books have been received. A donation from Mrs. Mowat is deserving of special mention. At a garden party held in the hospital grounds in June, 1905, \$84.00 was realized. This amount has been placed to the credit of the Nurses' Home Fund. A donation of \$5.00 from Mrs. Wartman, Colebrook, has been credited to the same fund. During the year five new members joined the Association.



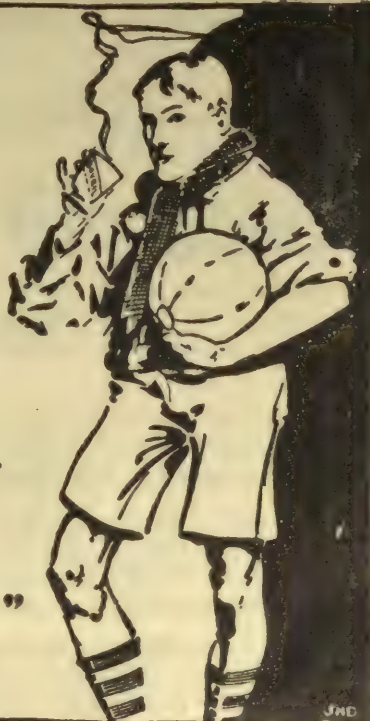
Who said BOVRIL?

"I" said the player;

"Because I need a stayer—

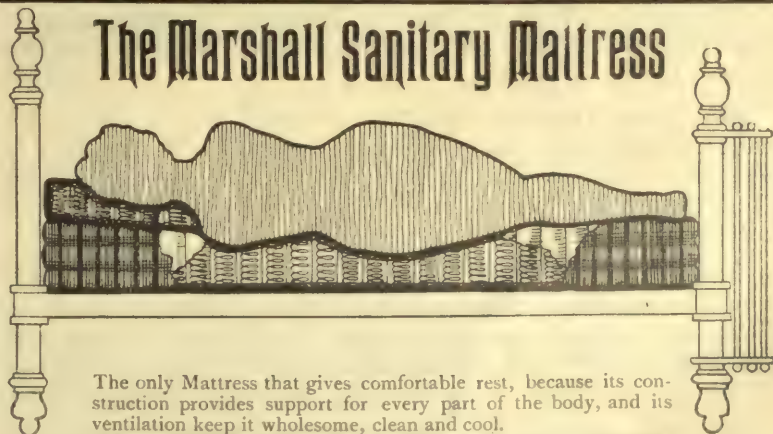
"I said

Bovril"



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MISS BRENT, Superintendent H. F. S. C., Toronto, will spend her vacation with her niece, Mrs. Millspaugh, Los Angeles, Cal. Miss Brent expects to be away for six weeks.

MISS JEAN PEARCE, graduate, St. Joseph's Hospital, Chatham, is at present visiting her sister in San Francisco. She intends later to take up her work there.

MISS B. GAULD, of Winnipeg, graduate, G. and M. H., St. Catharines, has recovered from an attack of typhoid fever, and is back at work again.

MISS SNIVELY is At Home to the graduates of the T. G. H. on the evening of the first Tuesday of each month. The idea is to encourage the friendly relations existing between the nurses and their Alma Mater.

At the last meeting of the Alumnae Association of the T. G. H. it was decided to make all the Missionary Nurses from the school honorary members of the Association.

MISS EDNA PONDE, who graduated in November from the Chipman Memorial Hospital, St. Stephens, N.B., has accepted a position in Mrs. Richard's private hospital, at Fredericton, N.B. She will take up her new duties on December 15th.

MISS ANNA DUNN, graduate St. Joseph's Hospital, Chatham, has been ill with typhoid fever. Her many friends will be pleased to hear of her recovery and return to her home in the city, where she intends taking a much needed rest.

MISS SALMON, Superintendent of the Prospect Heights Hospital, Brooklyn, N.Y., and formerly Assistant Superintendent of Grace Hospital, New Haven, Conn., spent the month of December with her family in Toronto.

MISS ELIZA KILBURN, a graduate of the V. P. H., Fredericton, and a post graduate of the Polyclinic Hospital, Philadelphia, has accepted the position of Matron for the Carleton County Hospital, Woodstock, N.B. She succeeds Miss Bolton, resigned, after a short but very successful term of service.

THE Toronto General Hospital Alumnae Association has added two new committees to its list, viz., a Social or Handshaking Committee and also a Lookout Committee, for bringing in new members. The Constitution has also been revised by having the initiation fee dropped, there being now only the annual fee of one dollar.

MISS NAN AITKEN has been appointed Assistant Superintendent of the Western (General) Hospital, Montreal, and enters on her new duties January 1, 1907. The new Assistant Superintendent is a graduate of the Montreal Western General Hospital Training School, one of the training schools which is steadily coming to the front. The Superintendent is Miss Rahmo Aitken (T. G. H.), formerly Head Nurse of the private wards in the T. G. H.

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MISS K. SULLIVAN, graduate of H. S. C., '06, has accepted a position as Head Nurse in the Lakeside Hospital, Cleveland, O.

MISS LEWIS, a graduate of the Royal Victoria Hospital, has been appointed Superintendent of Nurses at the Montreal Maternity Hospital. During the last year the new hospital has been opened and is situated on the corner of Prince Arthur and St. Urbain Streets, a very much better part of the city than that in which the old one was situated. Beside being a beautiful building, it is thoroughly well equipped, and under such conditions the work is sure to extend. Miss Lewis has been for nearly four years Assistant Superintendent of the Albany Hospital, and, added to this, has had experience in hospital work in both Cleveland and Baltimore.

A VERY pleasing event occurred at Guelph General Hospital on the afternoon of December 3rd, when Miss Sheppard, who has been for thirteen years Superintendent of the hospital, and is now Superintendent of the Berlin and Waterloo Hospital, was presented with an address and a purse of gold by the Ladies' Aid Association of the Hospital. The presentation was made by Mrs. Kenneth McLean, and the address read by Mr. W. E. Buckingham. Mr. Kenneth McLean replied on behalf of Miss Sheppard. The chair was taken by Dr. Kennedy, and among those present were Messrs. D. Guthrie, K.C., M.P.; Dr. Lindsay, Dr. Hobbs and J. P. Downey, M.P.P.

THE members of the Alumnae Association of the Royal Victorian Hospital had great pleasure in welcoming Dr. MacMurchy, editor of THE CANADIAN NURSE, and Miss Mitchell, Convener of the Publication Committee to their monthly meeting, November 14th. Dr. MacMurchy spoke of her work, under the Ontario Government, for the feeble-minded. Great interest and sympathy was aroused by the recital of the troubles these patients fall into through their inability to protect themselves. Though the parents mostly prefer to keep these children at home, it is thought they would be far better if placed in an institution where they can have skilled care and be taught a useful occupation. Miss Mitchell asked the nurses to take a still greater interest in their magazine, THE CANADIAN NURSE, also asked for practical help in their effort to make it a monthly issue. After the adjournment of the meeting the nurses had pleasant conversation with their visitors at the reception, showing that their interest had been thoroughly aroused.

THE monthly meeting of the Alumnae of the Winnipeg General Hospital Training School for Nurses was held on the first Wednesday of the month in the Nurses' Home sitting room at the General Hospital. The meeting was only fairly well attended, as many of those usually present were out of town, either in private homes or filling temporary positions in some of the many over-crowded hospitals throughout the West. The usual monthly business was transacted. The Alumnae Register, open to all trained nurses in



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Nurse's Hypodermic Syringes, from	-	75c
Nurses' Probes	-	15c

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Hypodermic Needles, Dressings, and every-
thing required.

good standing, is in a flourishing condition. It was started in the fall of 1904 and now has 150 members. It is managed by Miss Sara McKibbin, who is also in charge of the Trained Nurses' Home on Langside street. A committee was appointed to arrange for a paper for discussion at each meeting. The starting of an *Alumnæ* magazine was talked of with much interest by those present, but finally the matter was left over until the next month. After the meeting was over Miss Wilson entertained those present to an informal afternoon tea, and a very enjoyable hour was spent.

THE Central Registry Committee is very much pleased that the CANADIAN NURSE is now to become a monthly, and extends congratulations to the Editor and staff on this marked evidence of their success. We know the members of the Central Registry will be pleased to see a monthly statement from the Registry. The Registrar's report on December 3rd showed the membership to be 221, with 4 applications to consider. There were 91 calls in November, 69 Registry, 22 personal. Amount in Bank, \$314; on hand, \$5; and \$215 still owing Registry from unpaid fees. During November the following nurses resigned to accept hospital positions: Miss McLeod (K.G.), Parry Sound; Miss Smith (G.H.), Blind River, with Miss Ashford (England) as assistant; Misses McIsaac and Sargent (T.G.H.), Edmonton; Miss Lawson (T.G.H.), Free Sanitarium, Gravenhurst; Miss Owen (K.G.), Parish Nurse for St. James' Cathedral. It is with feelings of sadness and deep regret that we record the death of one member of our Committee—Miss Haldenby—whose great interest and just, kindly judgment made her assistance invaluable.—B. Crosby, Convener.

THE Toronto Nurses' Social Club held its initial meeting in the Temple Building on the evening of November 21st, and although the evening was very stormy, there was a large attendance, especially of the undergraduates of the hospitals. Miss Brent, Superintendent of the Sick Children's Hospital, occupied the chair. Mrs. Scott-Raff, the principal of the Margaret Eaton School of Expression, lectured on "Self-Control," and all present, even the tired nurses from the hospitals, enjoyed the talk. Mrs. Raff thinks we are much indebted to the Greeks for our ideals of self-control, for the poise and serenity which the art of their best period reveals to us. To study the mystery of our own bodies, to gain control of the mind as well as the body, to develop the body through proper culture, are aims worthy of the highest endeavor. When the art of Greece became decadent rough athletics took the place of the better and finer culture and a lower form of physique prevailed. Rome, who borrowed all that was best in Greek art, fell still further, and the wrestling of the athletes degenerated into mere gladiatorial contests. Since the human race has sought and found God in Nature it is saner, and wiser, and healthier, more symmetrically developed, mentally, morally and physically. Self-

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

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consciousness is the cause of nervousness and nervous prostration. To forget self and work for others is a cure for nervousness. The child who heard her mother give a passage from Robert Louis Stevenson, according to the Boston style of elocution, thought her mother ill, but when the same lines were given "naturally" she saw the beauty of them and wanted to learn them too. A bouquet of chrysanthemums was presented to Mrs. Scott-Raff after the lecture, on behalf of the club. The musical part of the programme was furnished by Dr. Rolph, who gave a violin solo, accompanied on the piano by Miss Houston. Refreshments were served later, and thus the "Social Club" made its first effort to promote social-bility among the nurses resident in the city. The lectures are held in Court Room No. 2 of the Temple Building on the evening of the third Wednesday of each month. Rev. Mr. Welch, agent of the Bible Society, gives the next lecture, and in January Mr. J. Ross Robertson, that good friend to the children and the nurses, gives a Travel Talk.

The Tenth Annual Meeting of the Canadian Nurses' Association was held in Y. W. C. A. library on Tuesday evening, October 2.

The reports of Secretary-Treasurer and Registrar were read, and showed an increase of the work done during the year. There were 1,160 registrations, and we have filled 1,036 cases, 90 of which were out of town. In the months of July and August the calls could not nearly all be attended to, owing to a lack of nurses. This is no new experience, however, as we are never able to cope with the summer work.

Last year our members numbered 220, and a few extra were added during the year. This year we begin our work with a smaller membership, owing to the fact that some members have been married, others are about to be, and several have taken up institutional work in the city or other places, to all of whom we wish success and happiness in their new fields of work or rest.

We have to record with deep regret the loss by death of one of our members, Miss Fair, a graduate of the M. G. Hospital. She was always much interested in the work of the Association, and we shall miss her greatly.

Six lectures were delivered during the winter, which were greatly appreciated by those who were able to attend, and our thanks are due the doctors for their kindness in delivering them. Dr. George Fisk on "Insurance," Dr. Nicholl on "Typhoid," Dr. Day on "Blood," Dr. Garrow, on "The Duties of a Nurse," Dr. Abbott, on "The Heart," Dr. D. Grey, on "Obstetrics."

By the kind consent of the Governors of McGill University, Dr. Mand Abbott was able to give us her lecture in the Pathological Department of McGill. The subject, "The Human Heart in Health and in Disease," was most interesting, and she showed us numbers of specimens of this important organ.

We have been obliged to look for a hall in which to hold our

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meetings, and have found it most difficult to procure just what we require. In our dilemma the doctors very kindly came to our relief, and have allowed us to use the rooms of the M. C. Society, for which we owe them a debt of gratitude.

Last year we started a Sick Benefit Fund, which the members will find helpful.

In November we had the great pleasure of having Dr. Helen MacMurchy and Miss Mitchell, of Toronto, with us. The former gave us a most interesting address, which will act as a stimulus to greater things to all who had the privilege of hearing it. We were also much pleased to hear Miss Mitchell's report of the growth of *THE CANADIAN NURSE*, and wish it every success. We shall welcome it with pride as a monthly magazine.

MARRIED.

HONEYWELL—BRYANS.—On Wednesday, November 21st, at Halifax, N.S., by the Rev. Thomas Fowler, Etta Bruce Bryans, of Toronto, to Dr. William Honeywell, Hunter River, P.E.I.

At the Church of the Redeemer, on October 31st, Mr. A. E. Bell to Miss Annie Campbell (H. S. C.).

BIRTHS.

WILSON.—At Woodstock, Ont., in November, a son to Mrs. Bert Wilson (née Campbell). Mrs. Bert Wilson was a graduate of the G. and M. H., St. Catharines.

Our strength grows out of our weakness. Not until we are pricked and stung and sorely shot at, awakens the indignation which arms itself with secret forces. A great man is always willing to be little. Whilst he sits on the cushion of advantages he goes to sleep. When he is pushed, tormented, defeated, he has a chance to learn something; he has been put on his wits, on his manhood; he has gained facts; learns his ignorance; is cured of the insanity of deceit; has got moderation and real skill.

The wise man always throws himself on the side of his assailants. It is more his interest than theirs to find his weak point. Blame is safer than praise. I hate to be defended in a newspaper. As long as all that is said is against me, I feel certain of success. But as soon as honeyed words of praise are spoken for me, I feel as one that lies unprotected before his enemies. In general, every evil to which we do not succumb is a benefactor.—Ralph Waldo Emerson.

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WINNIPEG GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.—LIST OF GRADUATES.

1889.

Birtles, Eleanor, at home, Alexander.
Birtles, Sarah, superintendent Brandon Hospital.
McDougall, Jessie, private nurse, Edmonton, Sask.
Laidlaw, Margaret C. (now Mrs. A. Clark), Dublin, Ireland.
McVicar, Margaret, at home, Ontario.

1890.

Clinton, Mrs. A. G., matron of home, Kamloops, B.C.
McKay, Isabella (now Mrs. J. Mole), British Columbia.
Todd, Mrs. J. R. (now Mrs. Bullock), West Selkirk, Man.
Barber, Harriet (now Mrs. Graham), Winnipeg.

1891.

Inkster, Agnes, private nurse, Winnipeg.
Simpson, Marion G., private nurse, Victoria, B.C.
Moore, Isabella (now Mrs. Cheshire), Winnipeg.

1892.

Kennedy, Caroline, private nurse, Winnipeg.
Richards, Ada, private nurse, New York.
Holland, Bessie (now Mrs. A. W. Moody), Winnipeg.
Ransford, E. M. A., deceased.
Scott, A. H. L. (now Mrs. Calder), private nurse, Winnipeg.
McLachlan, Annie, head nurse, Sanitarium, Banff.

1893.

Monteith, Rachel (now Mrs. Scarth), Griswold.
May, Frances, matron, Hospital, Charleston, N.C.
Mowat, Margaret (now Mrs. Stephens), Greenwood, B.C.
Russell, Lizzie (now Mrs. (Dr.) McInnes), Neepawa.
Holt, Sarah, matron, Hospital, Golden, B.C.
Lethbridge, Isabel, private nurse, California.
Thompson, Marion, at home, Edinburgh, Scotland.
Thompson, Ella (now Mrs. W. J. Osborne), Winnipeg.
Whiting, Louise (now Mrs. Arthur Smith), Montreal.

1894.

Young, Nellie, at home, Liverpool, England.
Fleming, Martha.
Richardson, Zella, private nurse, Winnipeg.
Miller, Florence (now Mrs. Bowman), Lethbridge.

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1895.

Tait, Alice, staff nurse, Brainerd, Minn.
 Francis, Rea, private nurse, Winnipeg.
 Smith, May, private nurse, Vancouver, B.C.
 Bunn, Isabella, private nurse, Selkirk.
 Earle, Ellen (now Mrs. Gowan), private nurse, Vancouver, B.C.
 Driscoll, Minnie (now Mrs. Fox), Kinbrae, Sask.
 Elliot, Marie, surgical nurse, General Hospital, Vancouver, B.C.
 Brown, Annie (now Mrs. Snider), Portage la Prairie, Man.
 Holgate, Carrie (Mrs. (Dr.) Anderson, Brandon), deceased.
 Burnham, Susan (now Mrs. Pollock), Maple Creek.
 Davies, Edith (now Mrs. Williams), England.
 Griffith, Henrietta (now Mrs. McDougall).
 Picken, Elizabeth, private nurse, Vancouver.

1896.

Harries, Harriet, private nurse, Winnipeg.
 Baker, Frances (now Mrs. Gough), Moosomin.
 Sykes, Agnes, at home, Cranbrook, B.C.
 Bennett, Emily (now Mrs. (Dr.) Andrews), Minnedosa.
 Richards, Mabel (now Mrs. (Dr.) Young), Vancouver, B.C.

1897.

Membery, Ida, at home, Toronto.
 McBride, Margaret (now Mrs. F. Morse), Winnipeg.
 Picken, Saret, private nurse, Vancouver.
 Wilson, Jean (now Mrs. Alex. Wiley), Almonte, Ont.

1898.

Shepard, Violet (now Mrs. Goodbun), Shellmouth, Man.
 Clark, Louise M. (Mrs. G. H. Moody, Lincoln Park), Winnipeg.
 King, Maud (now Mrs. (Dr.) Brown), Carman, Man.
 Stewart, Helen (now Mrs. Thomas), Deloraine.
 Madge, Kathleen M., private nurse, Winnipeg.
 McKibbin, Sara, private nurse, Winnipeg.
 Youhill, Edith, private nurse, Winnipeg.
 Fogarty, Rachel N., Superintendent Hospital, Bloemfontein, S.A.
 Smith, Helen C., Superintendent Nurses' Home, New York.
 Gilroy, Ethel, private nurse, Winnipeg.

1899.

Benson, Frances M. (Mrs. D. H. McDonald), Fort Qu'Appelle, Sask.
 Wilson, Fredericka, Lady Superintendent, Winnipeg General Hospital.
 Matheson, Jean, Superintendent Hospital, Kamloops, B.C.
 Ross, M. M., private nurse, New York City.
 Bodington, Helena B. (now Mrs. Meiklejohn), Calgary, Alta.
 Markley, Annie L., head nurse, St. Luke's Nursing Home, Vancouver.
 Murton, Emma, private nurse, Chicago.
 Newton, Ada C. (now Mrs. White), Masseuse, Winnipeg.
 McLeod, Mrs. Clara, private nurse, Winnipeg.

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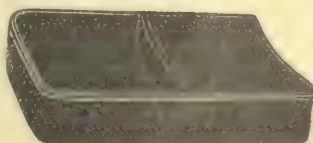
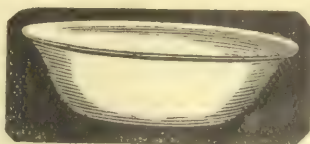
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1900.

Bolster, Fanny (now Mrs. Dutton), Vancouver, B.C.
 Teeple, Ella R. (now Mrs. (Dr.) Irving), Yorkton, Sask.
 Armit, Christina (now Mrs. (Dr.) Conklin), Vancouver, B.C.
 Lumsden, Edith E., Assistant Lady Superintendent, Winnipeg
 General Hospital, Man.
 McLennan, Kate (now Mrs. (Dr.) Carter), Boissevain, Man.

1901.

Sanford, Etta, Night Superintendent, Winnipeg General Hospital.
 Alexander, M. I. W. (now Mrs. Adam), Prince Albert.
 McCreight, Jessie (now Mrs. (Dr.) Harrington), Dauphin.
 Anderson, Kate (Mrs. Atkinson), Trail, B.C.
 Hood, Clara M., private nurse, Winnipeg.
 Abbott, Estelle, private nurse, Winnipeg.
 Witherspoon, M. Jean (now Mrs. (Dr.) Thompson), Regina, Sask.
 Macdonald, Flora S. (now Mrs. Musgrave), Regina.
 Kidd, Mary, Superintendent, Hospital, Fernie, B.C.
 Brown, Annie L. (now Mrs. (Dr.) Hill), Swan River.
 Fogarty, Mary A., private nurse, Winnipeg.
 McBride, Elizabeth, The Hospital, Michel, B.C.

1902.

McKay, Annie B., private nurse, Grand Forks, N.D.
 Duncan, Francis M. (now Mrs. (Dr.) Burrige), Winnipeg, Man.
 Shedden, Margaret (now Mrs. Bowles), Vancouver, B.C.
 Brown, Kate McP. (now Mrs. Blasdale), Winnipeg.
 Jones, Ada (Mrs. (Dr.) McGavin), Plum Coulee, deceased.
 Snider, Mrs. Laura K., at home, Portage la Prairie.
 Johns, Mary Ethel, staff nurse, Winnipeg General Hospital.
 Lamont, Elizabeth, private nurse, Winnipeg.
 Snider, Gertrude (Mrs. W. J. G. Stevens), Winnipeg.
 Pattinson, Elizabeth (now Mrs. Dunning), Moosomin, Sask.
 Duncan, Mary A., private nurse, Winnipeg.
 Dodd, Mary A. (now Mrs. R. W. Coulthard), Fernie, B.C.
 McFarlane, Kate, staff nurse, Fernie, B.C.
 Stewart, Katherine, post graduate course, Memorial Hospital, New
 York.
 Owens, Annie, General Hospital, Moosomin, Sask.
 Cross, Agnes (now Mrs. (Dr.) Creighton), Melita.
 Stewart, Isabel M., private nurse, Winnipeg.
 Hodgins, Hattie (now Mrs. Watt), Arcola, Sask.

1903.

Venables, Lucy, Superintendent General Hospital, Carman, Man.
 Riddle, Sarah, private nurse, Winnipeg, Man.
 Hilton, Alice (now Mrs. (Dr.) Wadge), Winnipeg.
 Tinling, Margaret (now Mrs. McCarthy), Halifax, N.S.
 Callin, Josie, private nurse, Vancouver, B.C.
 Law, Ada, private nurse, Cranbrook, B.C.

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McKinley, Sarah, Superintendent, Hospital, Medicine Hat, Sask.
 St. John, Edith (now Mrs. (Dr.) Cameron), Carlyle.
 Edmonds, Retta, Mission Hospital, Tabor, Sask.
 Connors, Kathleen, private nurse, Cleveland, Ohio.
 Asher, Bella J., private nurse, Winnipeg.
 Howard, Penelope (now Mrs. (Dr.) Lang), Tabor, Sask.

1904.

Park, Marion (now Mrs. (Dr.) Wark), Moosomin, Sask.
 Baird, Emily (Mrs. Reynolds), Calgary, deceased.
 Cassady, Jean (now Mrs. (Dr.) Lyall), Carberry.
 Fisher, Isabella, private nurse, Winnipeg.
 McMillan, Minnie, private nurse, Winnipeg.
 Webster, Jean, private nurse, Winnipeg.
 Hayward, Maud (now Mrs. (Dr.) McKee), Killarney.
 McIntosh, Lizzie, at home, Prince Albert.
 Hickie, Dora, private nurse, Winnipeg.
 Shaw, Annie M. (now Mrs. Simpkins), Regina, Sask.
 Stiles, Matilda (now Mrs. (Dr.) Cooper), Winklor, Man.
 Cochrane, Ethel, private nurse, Vancouver, B.C.
 Beveridge, Eliza, district work, Margaret Scott Nursing Mission,
 Winnipeg.
 Woodward, Annie, at home, Vancouver, B.C.
 Barlett, Marion, in charge of operating room, Winnipeg General
 Hospital.
 McKibben, Matilda, staff nurse, Winnipeg General Hospital.

1905.

Boyd, Mollie, private nurse, Winnipeg.
 Champion, Ethel, private nurse, Winnipeg.
 Chard, Jennie B. (now Mrs. Sparks), Winnipeg.
 Cotter, Kate A., at home, Burlington, Ont.
 Eraut, Victoria L., Superintendent, Hospital, Prince Albert.
 Forrester, Lillian (now Mrs. F. G. Hamilton), Winnipeg.
 Harris, Gertrude, private nurse, Winnipeg.
 Hobbs, Ida F., private nurse, Edmonton, Alta.
 King, Blanche Hampson (Mrs. (Dr.) Vrooman), Winnipeg.
 King, Frankie M., private nurse, Vancouver.
 Lowe, Edith M., private nurse, Winnipeg.
 Miller, Minnie, private nurse, Winnipeg, Man.
 McIntosh, Mary Elizabeth (Mrs. (Dr.) Stackpool), Cardston, Alta.
 McLaurin, Annie L., private nurse, Winnipeg, Man.
 Patten, Edith, staff nurse, Winnipeg General Hospital.
 Ross, Ada Janet, private nurse, Winnipeg.
 Tweed, Florence, at home, Crystal City, Man.
 Warren, Mary J., private nurse, Winnipeg.

1906.

Lawford, Miss, staff nurse, Prince Albert, Sask.
 Hermann, Emily, private nurse, Rainy River, Ont.

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Stewart, Eva, Prince Albert, Sask.
 Stewart, H., private nurse, Winnipeg, Man.
 Clearihue, E., private nurse, Winnipeg, Man.
 Bell, M., staff nurse, Michel, B.C.
 Pentland, Miss, staff nurse, Regina, Sask.
 Jones, L., staff nurse, Regina, Sask.
 Moreton, Miss, staff nurse, General Hospital, Battleford, Sask.
 McBride, F., Superintendent, General Hospital, Battleford, Sask.
 Harvey, D., staff nurse, General Hospital, Winnipeg.
 Hines, H., staff nurse, General Hospital, Prince Albert, Sask.
 Cobbe, M., staff nurse, General Hospital, Regina, Sask.
 Armstrong, M.
 Haffield, Alice, private nurse, Winnipeg, Man.
 Blott, Nora, private nurse, Winnipeg, Man.
 Browne, Maud, private nurse, Winnipeg, Man.
 Cornett, Maggie, private nurse, Winnipeg, Man.
 Harris, Emma, private nurse, Winnipeg, Man.
 Fraser, J. Grant, private nurse, Winnipeg, Man.
 Fraser, C. D., undergraduate, General Hospital.
 Hilton, Rose, undergraduate, General Hospital.

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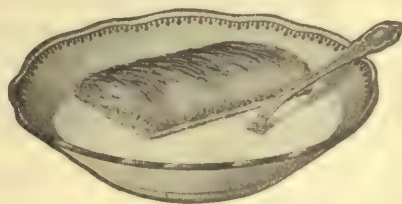
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The following ladies have received appointments as staff nurses: Miss E. R. Collins, Miss L. A. Ephgrave, Miss K. F. Fawcett, Miss C. C. M. Gibb, Miss M. Ironside, Miss A. C. M. Jameson, Miss C. H. MacCarthy, Miss F. E. Morton, Miss G. H. Sellar, Miss E. H. Davies, Miss N. R. McNeil, Miss K. F. G. Skinner.

POSTINGS AND TRANSFERS.

Sister—Miss E. M. Pettle, to Military Hospital, Cairo, Egypt, from Military Hospital, Valletta, Malta.

Staff Nurse—Miss A. C. M. Jameson, to Connaught Hospital, Aldershot; on appointment.

APPOINTMENTS CONFIRMED.

Staff Nurses—Miss E. G. Barrett, Miss E. B. Darnell, Miss M. E. Brewer, Miss M. Fisher, Miss J. G. Dalton, Miss M. Graham.

The Editor,

THE CANADIAN NURSE,
133 East Bloor Street,
Toronto, Canada.

C. H. KEER,

Matron-in-Chief,
Q.A.I.M.N.S.

A RECENT number of the *Cleveland Medical Journal* contains three excellent papers by nurses on "The Alleviation of the Discomforts Following Anaesthesia," being three of the essays submitted by the class of 1906 at the Lakeside Hospital, Cleveland, for the prize of \$75.00, given by the Alumnae Association. The first of these, by Miss F. G. Ashton, won the prize, and the other two, by Miss MacRoberts and Miss Pillow, obtained honorable mention.

The Delineator for December is one of the first and most welcome of the Christmas magazines. It is hard to know what to read first, but most people will turn at once to "The Great Guest Comes," a poem by Edwin Markham. Then come Agnes and Egerton Castle's "A Young Conspiracy"; Anthony Hope's "The Duke's Allotment"; the Countess Von Arnheim's "Fraulein Schmidt and Mr. Anstruther," and all the usual and interesting special departments.

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The Nurse's Library.

Obstetrics for Nurses. By PROF. JOSEPH B. DeLEE, of the Northwestern University, Chicago. Philadelphia and London: W. B. Saunders Co. \$2.50. Toronto: J. A. Carveth & Co.

This work, which we reviewed favorably on its first appearance, has now reached a second edition. Forty-seven pages of text and forty new and original illustrations have been added. The author has improved the book by availing himself of criticisms and suggestions. We heartily commend it to our readers.

The Prophylaxis and Treatment of Internal Diseases. By PROF. F. FORCHEIMER, M.D., University of Cincinnati. New York and London: D. Appleton & Co. \$5.00. Toronto: Morang & Co.

This textbook is the result of thirty years' experience in hospital and private practice. It is well written and well arranged, the publisher's part being, as in all the books of this firm, admirably executed. The book itself is an important one. Adequate attention is given to treatment. The author's reading is wide. He seems to prefer Continental authorities, and frequently quotes them, though very many others are also quoted.

Women's Work and Wages. By EDWARD CADBURY, M. CECILE MATHESON and GORGE SHANN, M.A. London: Mr. T. Fisher Unwin. 6s.

This is a unique and deeply interesting book. One of the three writers is the Managing Director of a famous firm employing 2,000 or 3,000 girls, another was a factory hand from ten years of age till he went to Glasgow University, and the third has great knowledge of Girls' Clubs and Schools. The work is in three parts: Women's Work. Women Workers. Improvements—Present and Possible. To anyone interested in the above subjects this volume is indispensable. It cannot fail to do good. It is dedicated to Mrs. Edward Cadbury.

ASK any woman of 55 whether she can do as much with money now as she could when she was 25. Her answer should convince Nurses that the earning years of life should be the saving years. Perhaps no financial institution has given so much thought to the subject of Women's Savings as has the Crown Bank of Canada. Every day there is the same maxim in the papers—"Save while you are able to earn!"—though twisted into different forms. This Bank has done everything it can think to induce women to look upon their earnings as seriously as men do upon theirs, has opened a special Women's Room at 34 King Street West, in order that Banking may be made easy for the uninitiated and comfortable for those who understand it; employs women officials and is training them to become expert Bankers, asks you personally to use this room and to deposit your earnings in the Savings Department connected with it

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, FEBRUARY, 1907.

No. 2

THE HEAD NURSE.

If it be true that good nurses are born; not made, it is pre-eminently true of head nurses—those nurses who, having become proficient in the art of nursing and demonstrated their fitness for leadership, have had committed to their immediate charge a certain section or department of a hospital, and the direction of other nurses.

The nurse who undertakes this responsibility and successfully measures up to it, must possess not only the qualifications that are combined in a greater or less degree in good nurses in general, such as tact, patience, discreetness of speech, love for her work, neatness, dignity, self-control, but must have in addition the executive force needed to plan for others and direct, must have a womanly sweetness combined with strength, a gentleness backed by will force, must have an infinite capacity for details, must be able to rebuke without arousing antagonism, must have a genuine poise of soul that will enable her to meet with sweetness and courage the emergencies that are constantly arising in a hospital having an active service.

The head nurse carries a fourfold responsibility. She owes to the hospital with which she has identified herself her allegiance to its highest interests. She owes to its authorities respect, to her associates in service the courtesy demanded of a lady. She owes to the institution the preservation of a discreet silence regarding its internal affairs, such protection of its interests as her position enables her to give, no matter how antiquated, inefficient or inadequate she believes its service to be. If she wishes to introduce change in method, she owes it to those who in the final resort carry the responsibility, to consult them before attempting to instruct those over whom she has authority to deviate from the methods in vogue.

She owes to the physicians, who stand in the relation of superior officers, her respectful adherence to their orders, and, as far as may be, to their wishes and preferences. She owes to each physician her loyalty—not loyalty to Dr. Jones and an utter disregard of Dr. Brown's interest. She can often by a sentence, or

even a shake of the head at the right time, undermine a patient's confidence in Dr. Jones, but she has no right to do it, even though she does not like the man nor approve of his methods. She owes to the attending physicians absolute silence regarding their professional demerits or blunders.

She owes to the nurses whose work and conduct she directs a careful attention to the details of their service, a study of their individual characteristics, an intelligent use of all the means at her disposal, that will aid in their development as nurses, and an example that will be safe for them to follow.

What the head nurses of a hospital are we may expect the pupil nurses to be. This is one fact that needs especially to be borne in mind when choosing nurses for such places of responsibility. If the head nurses are lacking in dignity, free and familiar in their relations with physicians, harsh or unsympathetic in their bearing toward the patients, we may expect to see the same qualities expressed in the daily lives of the nurses. It is not alone a question of professional or executive ability; not alone what she can do, but what she is, that counts.

No nurse who has not learned the lesson of implicit obedience to authority, and practised it till it has become a habit of life, is fitted to command others. In a hospital, perhaps more than most institutions, it is necessary for military discipline, military precision, military obedience to prevail. This is one of the hard lessons for many head nurses to learn. It is difficult for them to measure accurately the degree of their influence upon others. Instead of creating in their subordinates a respect for authority, they manage to stir up questionings and doubts in the minds of pupil nurses as to the wisdom of this or that ruling. This is perhaps not often intentionally done, but, intentional or otherwise, the results are the same. The human tongue everywhere is capable of creating trouble unless controlled by principle, and the head nurse is in a good position both to create and to quell institutional disturbances.

The vital point at which many an otherwise capable head nurse fails is in the fact that she fails to see her place in the institutional situation clearly. She neither grasps its possibilities nor observes its limitations. It ought not to be necessary to remind a head nurse that she is not the superintendent, and that, above all, there must be one final authority, whose methods must be followed and whose will must be law, if order is to be preserved, but this fact is frequently overlooked. This phase of the head nurse problem makes itself keenly felt where are grouped in the same hospital several head nurses who are graduates of different schools. Each believes her methods superior to those of the other nurses, and practises them. If a steady, firm discipline is not maintained throughout the whole institution, confusion is sure to result. The pupil nurses, if taught by one head nurse that a

thing must be done this way, by a second that way, and by a third a totally different way, soon become careless, and think that "any old way will do," and who can blame them. This tendency among head nurses constitutes to-day one of the largest of the everyday problems of the superintendent. It is this one phase of the modern head nurse that leads many a superintendent to choose heads of departments exclusively from those trained in the institution, often to the detriment of the institution. There is no one hospital whose way of doing everything is the best known. The infusion of new ideas and new methods is desirable and cannot but be helpful, if it can be accomplished in the right way, after due consideration on the part of those in authority, and made a uniform practice throughout the institution.

Another great difficulty with many otherwise capable head nurses is their inability to see the needs of the institution as a whole. They become so engrossed with their own department that they allow themselves to get out of touch with other departments and with the general work of the hospital. If emergencies in other departments are allowed to affect them, if they are asked to spare a nurse temporarily to meet some unusual need in some other department, they forthwith feel that an injustice has been done to them, and they cherish a personal grievance against the superintendent. This is no imaginary difficulty. It is all too deplorably real, and is making the problem of training-school discipline tremendously more difficult in many a hospital. It is often stated that one cannot expect to get all the virtues combined in one person, but the virtue of unselfishness, of devotion to the interests of the institution as a whole, of justice and everyday kindness, should not be left out of reckoning when considering candidates for heads of departments. No nurse who gives unpleasant exhibitions of temper, or who feels that she is abused when asked to rearrange her plans, is fitted either to be entrusted with the care of a number of sick people or to command pupil nurses. An unwilling, selfish spirit, a spirit that rebels when called upon to meet the emergencies of hospital life, is not the spirit for successful leadership.

The head nurse should never be chosen from the class of nurses—unfortunately a very large one—that considers a nursing education finished at graduation. The head nurse who never studies will soon find herself out-distanced by the bright nurses in training over whom she is placed. None are quicker to note narrowness and limitations and lack of ambition than students, and the nurse who has no taste or inclination for study will find it a difficult matter to retain the respect of subordinates. It is true that the distractions of hospital work and the responsibilities of the life are not conducive to systematic habits of study, but if head nurses are to become efficient teachers and leaders, they must take time to plan and prepare; they must have a general knowledge of what is being taught by others.

Further than this, the head nurse needs to study people every hour of every day to understand human weaknesses and motives, conditions and habits, if she is to be, in deed and in truth, mistress of the situation.

CHARLOTTE A. AIKENS.

CHRONIC TUBERCULOSIS.

There are many different enterprises that call the trained nurse into action, and none more important than instructing and nursing tuberculous patients in their homes, where poverty and unsanitary conditions hold sway. The disregard and disbelief in the prevention of tuberculosis by those afflicted and those caring for them is only too noticeable by the district nurse on her daily rounds. Yet the "line upon line" and "precept upon precept" has already brought forth results. My experience in the work has convinced me that were all tuberculous persons reached and taught the care of the sputum, the necessity of continuously breathing fresh air, scrupulous cleanliness with the body, food, clothing and rooms conscientiously day by day, and caused to carry them out, the desired effect would be gained by those really desirous of recovery or relief. There is always the kindly neighbor who offers advice, which seems reasonable, but really works mischief, and the patent medicine which stimulates and deceives the patient for a time. But the nurse goes right on with the arduous task, and is rewarded by seeing her patients relieved under the instructions.

Great care must be taken to make the patients understand the treatment is largely in their own hands. If they are faithful in carrying out instructions, they soon find the troublesome cough and expectoration disappear.

A few days since a patient taking the treatment at a sanitarium returned to the city for a few days, where, mingling with others in a small house, he could not take the proper treatment, and there was no arrangement for taking fresh air, except by walking, which could not be kept up steadily. The result was the cough returned before the week ended, appetite failed, the energy gained during the month at the sanitarium disappeared. He was glad to return, and more satisfied to remain until cured.

The results obtained by those cared for in their homes are not always satisfactory, but where the patient will not be removed, much can be done to relieve. Watch that the windows in the room occupied be always open from top to bottom, the foul air being carried through the top, whilst fresh air comes in at the bottom. Persuade the patient to sit outside in an easy chair, making him comfortable with blankets, hot bricks, a hot water

bag on his knees so that the hands may be warmed, or against the abdomen to prevent a chill. The room occupied should have no hangings nor carpet, and should be wiped up, not swept; the windows closed only to allow room heated for bathing, changing of bed, etc. This has been said to be impossible in the poor homes, yet it has been tried and carried out successfully.

One case cared for thus last winter was confined to bed. The room, medium size, had one window, which was never closed except for bathing, etc.; he could not stand having the air heated, and the nurse, when sitting in the room, wore her outside wraps. He enjoyed the cold, said he could breathe more easily. He had no cough, seldom night sweats. These were held in check by atropin, gr. 1-150, taken at night. No fever; appetite, though variable and fanciful, was good. He never grew tired of cream, and drank one-half pint daily. It was seldom he required a laxative. He was allowed heroin, gr. 1-4 every four hours, when cough was troublesome, or if sleepless. He lived through winter and spring thus, without pain or much discomfort, but was gradually growing weaker, until the hot days of July, when diarrhoea became incessant. It was then morphine, gr. 1-4, was given to relieve pain and keep diarrhoea in check. He passed away without suffering. Though so long a bed patient, he was always manageable, patient and agreeable, and spent the long days much alone, recognizing the fact that others could not sit by him much with safety. The means used to relieve were blessed by the Great Physician, whom he recognized above all others.

Another patient who had spent months at Gravenhurst Sanitarium, was dismissed "not cured," and through the help of friends was moved from a one-roomed house in the city to a shack out in the country. The family consisted of a young wife and a puny three-months-old baby. They settled there with the determination to take the fresh air cure, and his previous training was put into effect. They were entirely dependent, and friends came readily to help. It was an ideal spot. The little shack was almost hidden from view by the fragrant pines and the slow-leaving oaks, and the nurse wended her way joyfully to this patient. He sat in the clear sunlight day by day, the baby swinging in a hammock near by. The ferns and violets, columbine and goldenrod all came in turn, with the graceful little bluebells nodding over all, making a beautiful garden of nature all the summer. No medicine was needed during this time, nor was there any sadness. It was a happy summer for them. Milk and eggs were partaken of plentifully, and the most appetizing and nutritious soup, made from beans, peas, tomatoes and celery. The quantity and quality of food for these cases require the nurse's careful supervision. Frequent examinations at the clinic showed he was "holding his own," and he spent the time happily, always expecting to get better again.

A hemorrhage came, his cot was drawn close to the door, morphine gr. 1-4 hypodermically twice daily was given, all food taken cold, cough was now troublesome, and heroin gr. 1-4 every four hours taken to relieve it. It was sad to see this favorite patient on the decline, intensely longing for a remedy to cure the dread disease, and looking up to the Father for comfort when needed.

The patient was cheered by the noisy, robust baby always crowing and laughing. Whilst the father was declining, the babe gained and crowed with the pure delight of health.

The autumn came, and preparation was made to stay there for the winter. Friends again supplied the necessary things. The hardships borne by the young wife were never spoken of. The baby, knowing nothing, grew naturally, and was happy all day long. This patient has no pain, nor cough, is depressed only when the atmosphere is damp and heavy; he is likely to go on for some time. The nurse becomes more fond of these chronics, and would spend her life among them, because so much can be done to relieve.

One patient, very much emaciated, came to the clinic, after spending all trying to get a cure. He could not be persuaded to go to the hospital. One's heart was touched deeply by his weakness and irritability, and his intense longing for health. Those caring for him were worn and cross with his fretfulness. The least expression of sympathy would bring the tears to his eyes. He consented to go to the country, and after obtaining a small house in an open field, he began to carry out instructions. His cot was put under a wide-spreading maple. The things he so much needed were supplied regularly, which before were uncertain. The hay-scented air revived him; the quiet soothed him; the blue sky by day and the twinkling stars by night brought to his weary mind the Divine Teacher, and with Him came patience to bear the burden. As the "regimen of fresh air" took hold of him he became happy and contented, and friends wondered at the efficacy of fresh air, without medicine.

And this is our work. Can any be better—to relieve the sick and cheer the weak?

It is ours "Never to tire, never to grow cold, to be patient, sympathetic, tender, to look for the opening heart, to hope always, like God to love always."

CHRISTINA A. MITCHELL.

Toronto, Dec. 31st, 1906.

ACTS react on souls. Good acts make good men: just acts, just men: kind acts, kind men: divine acts, divine men. And there is no other way of becoming good, just, kind, divine.—HENRY DRUMMOND.

LINEN.

The Value of the Exchange System in the Care and the Supply of the Linen for Lakeside Hospital, Cleveland, Ohio.

The Committee on Linen Supplies is composed of eight members of the Lady Board of Managers; chairman with seven associates.

The duties they discharge are: purchase of all linen supplies, including the material for nurses' uniforms; the general oversight of the stock room; receiving new goods purchased; checking bills for same; supervision of the exchange; inspection of the ward linen closets, sewing-room, mending-room and laundry; also rendering valuable assistance in securing donations of money towards the purchase of linen.

For the assistance of those who have not tried the exchange system it might be well to outline briefly the methods in use, which after five years' experience have been found to meet all the requirements.

One of our most practical arrangements is the mending room, which is situated in the laundry. Here all the linen is inspected by the Head Laundress, and all articles that do not permit of repair are laid aside and sent to the exchange room bi-monthly. On the day of the exchange the Principal of the Training School and two or three of the probationers attend at the exchange room and match systematically and carefully each article from the linen supply. Then under supervision of two or three members of the Linen Supply Committee the articles are verified, counted and recorded on forms gotten up for that purpose.

After the exchange has been made, and names cut from the old linen, it is sorted and rolled into neat bundles and sent to the Housekeeper's supply room to be used for cleaning purposes. Part is retained in the store-room, from whence it can be obtained on requisition for the use of the wards.

The new linen is sent from the stock-room to the sewing-room, together with the exchange form, where it is again carefully verified, marked and sent to the laundry for distribution to the different departments.

After the articles are verified with the exchange forms in the sewing-room the forms are sent to the bookkeeper, who, for a small sum, is engaged to do the necessary bookkeeping. By so doing, the books are kept in good order, making it possible to keep careful account of the necessary details and to see exactly the whole outlay for the linen and the distribution of the same.

**We are indebted to Miss Ellis, Principal of the Training School, and Miss Scholfield, the Housekeeper, for this valuable article.*

Estimating roughly, the cost of our linen amounts to about \$3,000 per annum, the capacity of the hospital being about 218 beds with a large staff of nurses and resident physicians.

Much care is given to the marking of linen. All the cotton articles are marked with indelible ink made in our own pharmacy. The marking is found to be perfectly clear when the garment is worn out. The linen goods are marked by means of an attachment to the sewing machine. The names are stitched in with red thread, and this plan has proved most satisfactory.

The exchange system reveals the fact that in spite of all the care taken there is a large loss of small articles, principally dust-ers, wash cloths, towels of all kinds, abdominal binders, T binders, table napkins and children's clothing. Just where this loss takes place we do not know.

This shortage has to be made up by means of requisitions approved and signed by the Superintendent of the hospital. Linen for new departments is also obtained in this way.

In order to obtain uniformity in size and material and because it is quite as economical, we purchase ready-made adult and children's night-gowns, sheets for the wards and officers, size 72 x 99, for operating-rooms, dispensary and children's ward, size 54 x 52, underwear, overalls, pillow slips, and a few other things. The other supplies are manufactured in our own sewing-room, as well as the nurses' uniforms. The sewing-room requisitions for supplies from the stock-room are presented on the exchange day when the materials are issued.

The experience gained by the probationers in assisting with the bi-monthly exchange we regard as valuable from a practical educational standpoint. They not only see the large amount of new linen that is required to keep up the every-day supply of the hospital, but they are given an insight into the system and get a very good idea of the actual cost. It is also an inspiration for them to see the interested efforts of the members of the Linen Supply Committee, who so willingly give to the hospital many hours of their time, their evident pleasure in the performance of the most humble duties connected with their branch of the work, also their practical knowledge of the necessary details.

We now have in our stock-room only the things that have been tested and are found to be the best for the purpose intended. This insight has not been gained without some loss and much consideration both by the Linen Supply Committee and the Principal of the Training School.

In estimating the linen supply for any Hospital we must always take into consideration the general plan of our laundry, as that has a great deal to do with the amount needed. In connection with the laundry we have to consider first of all its general plan, its ability to turn out linen promptly, if it does general washing every day or if it washes daily only certain articles, or perhaps blankets and all woolen goods once a week. We have to

take into consideration the fact that as a rule laundry help work only one half day on Saturdays, also that the laundry is closed on Sundays and all public holidays.

At Lakeside Hospital the Head Nurses order their linen supply daily, the surplus linen is sent to the Central Linen Supply room, and emergency orders are filled there if necessary.

In order to prevent the staining of our good linen in caring for cases of skin disease, the Committee has provided what we call "Dermatitis Linen." This supply is kept in the Laundry and is issued to any ward that requisitions for it.

A brief outline of the statistical report of the Linen Supply Committee for one year may be of interest and value:

Number of articles exchanged, 6,725.

Number of articles by requisition, 834; total, 7,559.

Number of exchange days during the year, 24.

Average number of articles each exchange day, 315.

Total number of yards of goods issued during the year, 11,028¾.

Number of yards issued each exchange day, 460.

Number of articles made during the year in the sewing room, 2,488.

THE TRAINED NURSE, AND HER INFLUENCE IN THE COMMUNITY.*

In the first place allow me to express my appreciation of the honor you have conferred upon me in selecting me to address you on this occasion. I have been closely associated with the Western Hospital Training School for Nurses ever since its inception, and have watched with considerable pride the course of its graduates, many of whom are now occupying enviable positions of trust and responsibility in Canadian and American hospitals. It was largely, I believe, through my influence, while President of the Toronto Medical Society, that its doors were thrown freely open to the lady practitioners of this city. There always has been, and still is, some doubt in the minds of many as to the advisability of the fair sex entering the medical profession. Not so with the nursing profession, here the field is practically all your own, and who does not welcome the trained nurse into the home in time of sickness or suffering? Many more failures would follow the efforts of the physician and surgeon were it not for the skilled co-operation of the nurse whose timely aid frequently makes all the difference between success and failure, between life and death.

In the limited time at my disposal to-night I shall only be able

*An address delivered at a recent meeting of the Alumnae Association, The Western Hospital, Toronto.

to outline briefly some of the ways in which you may influence for good the community in which you reside. The details I shall leave you to work out at your leisure.

One of the most pressing duties and one of the most exacting aims of the nurse as well as of the family physician should be the reduction of the mortality caused by a wrong or a tardy diagnosis of the commoner grave diseases which are frequently met with. We all know that in any emergency, or sudden illness, if a trained nurse is convenient her advice is sought even before the doctor is sent for. How very important it is that her knowledge should be equal to the occasion. And with a very little careful study it may be so. Take, for example, a patient with an intense, sudden, tearing, rending abdominal pain, often severe enough to produce collapse, and usually associated with sharp vomiting. That condition is common to a comparatively small class of cases. These are:

1. Ruptured ectopic pregnancy.
2. Ruptured pyosalpinx.
3. Rupture of appendiceal abscess into the general peritoneal cavity.
4. Rupture of gastric ulcer.
5. Rupture of duodenal ulcer.
6. Rupture of gall bladder.

Note that all these are ruptures of important organs, permitting the escape of irritating fluids into a healthy peritoneal cavity. You can plainly see that in such a case nothing short of surgical aid will avail. Advise sending for a surgeon at once. Do not give a hypodermic of morphia and thus so mask the symptoms that the surgeon cannot make an accurate diagnosis. Morphia should never be given until the diagnosis is made and the plan of treatment decided upon. I think it would be well if every nurse had the leading symptoms of some of these commoner diseases written out in her notebook and then committed to memory.

Now, ladies, this brings me to the most important part of my address. Should you act upon the suggestions about to be given, your influence for good will be felt in your community. You will be a great blessing to womankind, and you will be the means of saving many a life.

Many years of clinical experience has taught us that cancer of the uterus, especially of the cervix, is the most frequent as well as the most fatal form of malignant diseases to which womankind is exposed. The reason of this is that the diagnosis is not usually made until the disease is so far advanced and surgery is resorted to, with the result that many recurrences occur. Examples of both of these conditions some of you have seen with me over and over again during your course. This is not as it should be. Ninety per cent. of those who die annually of this dread disease could be saved by very early diagnosis and operation, and it is just here you must

use your influence in educating the people in the early diagnosis of this fatal malady. Cancer is on the increase, and Park's well-known statement may, with advantage, be quoted here: "If the same death rate is maintained for the next ten years, the State of New York will have more deaths from cancer than from tuberculosis, smallpox and typhoid fever combined." I will again quote a few questions and answers from a paper written by Dr. Dührssen, of Berlin.

Q. Why, out of 25,000 patients with cancer of the uterus, do 23,000 or 24,000 die every year in the German Empire?

A. Because these thousands come too late to the doctor.

Q. How can these thousands be saved in the future?

A. By coming to the surgeon while the cancer is still confined to the uterus. Under these circumstances it can be cured with certainty by an operation almost free from danger.

Q. What is the duty of the general practitioner towards cancer of the uterus?

A. The general practitioner should regard as cancer every case, of whatever age, that comes to him complaining of discharge or bleeding until an immediate examination (during the bleeding if necessary), proves with certainty that no cancer exists. And what is true of the German Empire is approximately true of other countries.

Now the question is: What part can you take—what part are you willing to take in this crusade against cancer of the uterus? I claim that it is your duty to assist the medical profession in educating the people on the following points:

1. That every midwifery patient should go to her doctor six or eight weeks after delivery to ascertain her exact condition, and if a laceration of the cervix exists have it repaired.

2. That cancer of the cervix is essentially a disease of married women. Pregnancy and the trauma of labor play an important part in the after production of cancer. The speaker makes it a rule to ask all his obstetric patients to come to his office six or eight weeks after delivery that he may determine the exact position and condition of the uterus.

3. That every kind of discharge or bleeding, be it severe menstrual bleeding, bleeding not connected with menstruation, or bleeding in the menopause, may be the first indication of cancer of the uterus.

4. That cancer of the uterus always leads, if untreated, or if treated by non-operative methods, to a painful illness and a dreadful death.

5. That cancer of the uterus can be permanently cured by early operation, and with almost no danger to life.

6. That patients must never waste valuable time in trying Viavi or orange blossom, or by consulting a midwife, quack, faith healer or Christian Scientist.

Never mind if you do frighten the people, you cannot help

that, the scare is easier cured than the cancer, just remember the awful condition of some of these poor women who come to our clinic with their chances for life almost gone. Medical practitioners, medical students and trained nurses should have it **impressed** upon them that women should be made to understand:

1. That cancer of the uterus is prone to occur between the ages of thirty-five and fifty-five. It may in exceptional cases come earlier or later.

2. That it is a local growth at first, and curable in its early stages.

3. That irregular and unusual uterine bleeding at any time of life, but more especially between the ages of thirty-five and fifty-five, is a symptom requiring investigation.

4. That the return of the flow, after the establishment of the menopause, is one of the gravest of symptoms.

5. That leucorrhoea is a symptom of diseased condition requiring investigation, but too frequently neglected.

6. That change of life means cessation of menstruation, and that increased flow at a time when menstruation is expected to cease is a danger signal.

7. That pain is a symptom that appears late and should not be expected or looked for as a sign of cancer in the early stages.

The day before yesterday I saw, in consultation with Dr. J. S. Hart, a lady sixty-five years old. She had only called in her physician a few hours before I saw her, on account of a rather severe hemorrhage. She gave a history of having passed the change of life fifteen years ago. Had enjoyed good health and looked strong and vigorous when I saw her. She said that for the last seven or eight weeks she had been having a slight watery discharge, on one or two occasions there was a tinge of blood with it. No pain, and not confined to bed till she sent for the doctor. She did not consider herself ill, although she had not been feeling just as well as usual for some months. On examination we found the cervix uteri almost all eaten away by cancer, and the disease already extending onto the vaginal walls. It was too far gone for radical operation, all that can be done is to palliate and relieve. No doubt there are thousands of such sad discoveries made every year in our own country.

The four symptoms that stand out prominently in cancer of the uterus are:

1. Hemorrhage.

2. Discharge (leucorrhoeal or watery, and these may precede the hemorrhage).

3. Pain.

4. General constitutional symptoms.

I believe the time is coming when the daily press will come to our aid in educating the public on this subject. The public press is ever ready to publish every new cure that comes out for cancer, and so far these have mostly been useless. Would it not be better

to publish the earliest symptoms of cancer, so that the disease might be removed while permanent cure is still possible. It might also save many women from wasting valuable time in quackery, and only coming to the physician when their chances of a radical cure had almost, if not quite, reached the vanishing point.

When the diagnosis of cancer is made there should be no uncertain sound in the warning voice. The facts should be boldly and plainly stated. Even though the information imparted seems cruel in its frankness, valuable time must not be wasted, a valuable life must not be lost; but if a life is to be lost, let it be the patient's suicide and not a moral murder by those who should know better. May you never have the burden on your conscience of allowing a sufferer from uterine cancer to go unwarned or unexamined until the odor from the breaking down tissues takes voice and cries in vain to the highest heavens for help against the deadly enemy that is gnawing away at the vitals of God's grandest handiwork—Woman.

S. M. HAY, M.D.

184 Spadina Avenue, Toronto.

In a letter from Miss Mayou, dated December 10th, she says: "St. Anthony is the most extensive of Dr. Grenfell's Labrador Mission Stations, and is doing a great deal towards the uplifting and educating of the people. It really is wonderful what he has done, and caused Government and authorities to do, for this part of Newfoundland and the 2,000 miles of Labrador coast over which he has jurisdiction as J.P., lay reader and medical attendant. Previous to his coming, fifteen years ago, the settlers and summer fishermen were totally neglected, no thought being given to their mental, moral or spiritual welfare. Dr. Grenfell has changed much of that and awakened the authorities to a sense of their needs. Very few of those who are above 20 years of age can either read or write, and many under that age cannot. No school teachers were sent or thought of, and now one comes to each settlement for only seven months every second or third year, so the people are very ignorant, but anxious to learn. Consequently our work here is largely educational. We devote our spare time to teaching, and have begun classes for Bible study, sewing for women, another for girls, weaving, spinning, basket-making, singing, drawing, carpentering, gymnastics and ordinary night school on three evenings of the week. There are two patients here with beri-beri, to whom I give massage and electricity; they are improving fast. We have nine patients in all, seven men and two women. There are ten orphans whom I help Miss Storr to look after and train, so you see my work is varied."



Governor Fraser, of Nova Scotia, opened the Pictou Cottage Hospital, December 6th. A number of people were present from the town and surrounding country and many donations were made to the Hospital. The building will accommodate twelve patients and is entirely free of debt. Miss Beatrice Pearce, a graduate of Victoria General Hospital, London, Ont., is in charge, with Miss Kavenberg as assistant.



DEEP SEA MISSION HOSPITAL, BATTLE HARBOUR, LABRADOR.

W. F. Luxton, founder of the *Winnipeg Free Press*, and Inspector of Public Institutions for Manitoba, speaks thus of the Victorian Hospital at Swan River, Man.: "It is simply perfect. Clean and orderly in spite of the fact that while the normal accommodation is ten patients there are to-day fifteen on the roll. You have an institution of which you may justly be proud, and it is managed by a matron whom in my opinion it would be difficult to replace." Mrs. Mounsey, a graduate of Toronto General Hospital, is in charge here.



HARRINGTON, CANADIAN LABRADOR.
Taken from SS. *Stratheona* at Anchor.

Hamilton and Vancouver Districts have each increased their staff to three nurses. The city of Vancouver has appointed Miss Cruikshank Head Nurse of the Vancouver District, Executive Secretary for the Helping Hand Associated Charities. She investigates all cases sent in and distributes clothing and food when necessary.

Miss Annie G. Smith, formerly Matron of Regina Hospital, was married, December 17th, to Mr. Cecil Smith, C.E., of Regina, Miss Chalmers, formerly Head Nurse, has been appointed to Miss Smith's position, and Miss Travers, graduate of Memorial Hospital, Worcester, Mass., leaves in a few days to fill the position of Head Nurse.

The May Court Club, of Ottawa, gave a tea and Christmas tree to a number of children, Christmas afternoon. A large percentage of the children had been patients of the nurses in the district. The nurses were asked to assist and enjoyed it quite as much as the children.



HARRINGTON HOSPITAL, CANADIAN LABRADOR.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, third Tuesday, 8.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA.—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO.—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

As Christmas week is always such a busy time, and so many of the nurses are away for the holidays, it was decided to follow the plan begun last year and have the Guild meeting in the beginning of January instead of on the last Friday in December. The meeting was unfortunately small in numbers, but very enjoyable. We were very pleased to have with us a visitor, Miss Pemberton, from Windsor, N.S., who was staying for a few days in Toronto. While in Montreal she saw in *THE CANADIAN NURSE* a notice of our meeting, and was able to time her visit so as to attend our meeting.

Montreal Branch has made some additions to the list of meetings, which should be of great help to the members. The list is now as follows: 1st Tuesday, Holy Communion at M. G. H., 6.15 a.m. 2nd Tuesday, Guild service and social meeting alternately, 4 p.m. 3rd Tuesday, Guild service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R. V. H., 6.15 a.m.

The next meeting of the Council of the Canadian District is to be held on Thursday, January 24th, at 4 p.m., in Montreal.

A most interesting account of the 30th annual meeting, held in London in June, is to be found in the July number of *Misericordia*, the Guild paper. It includes, among other addresses, one by the Lord Bishop of Zanzibar on the work of the Guild in his diocese. How being a member of the Guild keeps us in touch with members of our profession in all parts of the world!

The General Secretary, Miss Wood, has reached Cape Town (see *Misericordia* for December). She hopes to visit Canada in the spring.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

NOT STRANGERS.—Let us not forget, however, that the angels know each saint on earth more intimately than the saints themselves are known by their nearest friends. . . . But this fact suggests another analogy between our social relationships with men and angels—namely, that as early friends, who have been acquainted with ourselves and our family history during the forgotten days of infancy, are met by us, in after years, not as strangers, but with feelings of intimacy and sympathy akin to those awakened by old kindred; even so will the saint, on reaching heaven, find God's angels to be, not strangers, but old friends, who have known all about him from the day of his birth until the hour of his death.—DR. NORMAN MACLEOD.

THOU HAST LOVED RIGHTEOUSNESS AND HATED INIQUITY.—A hundred times in India have I said to myself, Oh! that to every Englishman in this country, as he ends his work, might be truthfully applied the phrase, "Thou hast loved righteousness and hated iniquity." No man has, I believe, ever served India faithfully of whom that could not be said. All other triumphs are tinsel and sham. Perhaps there are few of us who make anything but a poor approximation to that ideal. But let it be our ideal all the same. To fight for the right, to abhor the imperfect, the unjust, or the mean, to swerve neither to the right hand nor to the left, to care nothing for flattery or applause or odium or abuse—it is so easy to have any of these in India—never to let your enthusiasm be soured or your courage grow dim, but to remember that the Almighty has placed your hand on the greatest of His ploughs, in whose furrow the nations of the future are germinating and taking shape, to drive the blade a little forward in your time, and to feel that somehow among these millions you have left a little justice or happiness or prosperity, a sense of manliness or moral dignity, a spring of patriotism, a dawn of intellectual enlightenment, or a stirring of duty, where it did not before exist—that is enough, that is the Englishman's justification in India. It is good enough for his watchword while he is here, for his epitaph when he is gone. I have worked for no other aim. Let India be my judge.—LORD CURZON, *Viceroy of India.*
From a speech at a farewell dinner in Bombay.



MR. J. ROSS ROBERTSON, TORONTO.

The Canadian Nurse

VOL. III.

TORONTO, FEBRUARY, 1907.

No. 2

Editorial.

THE EDITORIAL BOARD.

With the present issue the Publication Committee passes over to the new Editorial Board, in which it is now merged, the management of THE CANADIAN NURSE, a monthly journal for the nursing profession in Canada, free of debt and firmly established in the confidence and affection of the profession, as many letters now in our possession prove. It has been the aim of the founders of this magazine to make the Editorial Board truly representative of our subscribers (more representatives being named in places where there are most subscribers), of every nursing organization, and of every province of the Dominion of Canada and of Newfoundland. Should any such have been inadvertently omitted, it will be considered a great favor if the President of the Editorial Board is at once notified of the fact. Regular meetings of the Editorial Board will be held in future on the last day of each month (or the day before if the last day is Sunday). Special meetings may be held at the request of two members to the President. It is intended that THE CANADIAN NURSE for the following month shall be published not later than the 25th of each preceding month, so that it may start early on its long journey to subscribers in Yukon and Labrador and in all the land between. It is, therefore, specially requested that all matter intended for publication in the next number of the magazine shall be in the hands of the Editor, Dr. Helen MacMurchy, in time for the meeting of the Editorial Board. For example, anything intended for our April number should be received by the Editor not later than February 28th, as it has to go into the printer's hands on March 1st.

The magnificent distances of our country are its glory. But on account of these magnificent distances many members of the Editorial Board cannot often be present at meetings in any one place. It is hoped, however, that by correspondence and otherwise they may effectively take their share in the management of the magazine. We hope in future, through the members of the

Editorial Board, to receive information of all events of interest in the Canadian nursing world, whether in hospitals, training schools, associations, or in private nursing. It is also requested that news of any important event, such as the opening of new hospitals, or new departments of hospitals, or of new nurses' organizations, may be at once reported to us by the member of the Editorial Board in whose district it occurs. While the bulk of the material to be published must be received on the last day of the month, we shall expect to receive notice of any important events as soon as possible after they occur, so that our news may be really new. Please send to us at once a marked copy of any newspaper containing news of interest to nurses.

It is, of course, understood that the different nursing organizations represented on the Editorial Board may, if they so desire, elect a new representative to the Board every year.

Seven people go to make the good magazine: The writer, the reader, the subscriber, the advertiser, the printer, the business manager, and the editor. Canadian nurses have, in many ways, been good enough to express their satisfaction with the work of the last three. It only remains for them to send us, first of all, subscribers. We need more subscribers. Second, good *practical* writing by and for nurses. Always secure for THE CANADIAN NURSE the best papers and lectures given before your association or club. Third, advertisers. Send us the names of the best advertisers in your city or town. We need advertisers all over Canada, and we will get them, because THE CANADIAN NURSE is taking its place as one of the best mediums for advertising in Canada.

THE HEAD NURSE.

We have great pleasure in announcing for immediate publication in THE CANADIAN NURSE a most important series of articles on "The Head Nurse," by Miss Charlotte A. Aikens, Assistant Editor of the *National Hospital Record*, and Superintendent of one of the Pittsburg hospitals. Miss Aikens is a Canadian, and is at present spending a short time at her old home. The first article appears in this number, and the others will appear at regular intervals as follows: "The Head Nurse and the Patients, Hospital Discipline and Ethics" (two chapters), "Ward Housekeeping," "Preparation of Orders, Reports and Charts," "The Head Nurse as a Teacher," "The Chief Surgical Nurse," "The Night Supervisor." All those interested in hospital and nursing work, both graduate and undergraduate nurses, will find this series both helpful and inspiring.

MR. JOHN ROSS ROBERTSON, OF TORONTO.

Nurses have a great and kind friend in John Ross Robertson, the proprietor of *The Evening Telegram*, whose portrait we have much pleasure in presenting to our readers this month. His benefactions to the Children's Hospital must be nearly half a million in money, and in time, in interest, in initiative, in motive power, are unmeasured. His own request is that nothing be said about all this, and our readers may well thank us for the portrait, for it was with much difficulty and expostulation, that permission was at length obtained that they should have it. Mr. Robertson will leave the world better than he found it. His example has done good, and he has helped to save suffering, to lengthen life, and to restore health for many children. In these things is great reward.

THE NURSING CONFERENCE AND EXHIBITION.

By far the most important event in the year 1906 in the nursing world was the Nursing Conference and Exhibition held in St. George's Hall, London, November 22-24, by the National Council of Nurses. It was a great and unqualified success, and the profession owe very much to Miss Helen Todd, Miss Letchwell, Miss Mollett, Mrs. Fenwick, Miss Breay, Miss Barton, and others, who bore a large share of the work and responsibility, as well as to Dr. Griffith, Dr. Gow, Dr. Shuttleworth, and other distinguished members of the medical profession, who by their valuable papers, their interest and their good-will, added so much to the success of the Conference. The Exhibition itself was remarkable, the great British firms being well represented, and a special section being devoted to contrivances and inventions by nurses. This department deserves to be well worked up. We fancy there are few hospitals in the world where the superintendent or some nurse has not made valuable improvements in hospital appliances or invented new ones. At least, the writer can bear testimony that this is the case with the hospitals in the five large cities which she knows best. There were other stalls, too numerous to mention, but one more must have place here, that for nursing journals, where *THE CANADIAN NURSE* appeared among her older sisters.

The three Conferences were arranged as follows: On the care of the consumptive; on maternity nursing; on mental nursing. The reports of these, occupying as they do the major part of two numbers of the *British Journal of Nursing*, are of such great value that we only wish it were possible to reproduce them for the benefit of our readers. The social side of the meeting was delightful. Nothing but the Atlantic Ocean could have kept us away from this inspiring and instructive meeting!

THE NURSES' PARADISE.

We do not wonder that the nurses of the Children's Hospital in Toronto are said to have changed the name of their new abode from "The Nurses' Residence" to "The Nurses' Paradise." It is all that one could wish. We say this after spending hours in inspecting it carefully, on two different occasions, and with all the plans and details before us. Approaching it from the north, we passed the nurses' skating rink (a tennis court in summer), and looked up at the roof garden, which will be such a charming retreat when summer comes again. Entering the building, one is filled with pleasure and satisfaction at every step. The description in our Official Department, prepared by experts, will be found deeply interesting reading, and will be of the greatest value for reference. We can hardly speak of one room or part of the building without mentioning all, so perfectly adapted is it to its purpose, and beautiful and artistic withal. Mr. Robertson is a father to the hospital, and all connected with it. He is not only "Santa Claus," but "Fairy Godmother" as well, and it is an open secret that the artistic and beautiful effects in the decoration and details of the residence are owing in large measure to the personal interest of Mr. Robertson's wife, the present Mrs. John Ross Robertson. The vista from the dining-room, the reading-rooms and libraries, the bedrooms and reception-rooms, the kitchens and trunk-rooms, the maids' parlor, the swimming bath—everything, once seen, will not be forgotten, so pleasing are they all, and so perfect. Mr. Robertson has built this noble residence as a memorial to his late wife, the first Mrs. John Ross Robertson, whose untimely death deprived Canada of one of the kindest, most noble-minded and public-spirited of her daughters. To all those who still remember her (and they are many, both in Toronto and elsewhere), this memorial will be a source of affectionate satisfaction. To her and to her husband, John Ross Robertson, this residence, and the hospital with which it is connected, will ever remain "*Monumentum aere perennius.*"

THE PERMANENT ARMY MEDICAL CORPS.

The Department of Militia and Defence of Canada are authorized to grant commissions to twenty-five Nursing Sisters in the A.M.C., to be employed when necessary. There are at present seventeen. Two of the most recent appointments are to the Halifax Garrison Hospital—Miss Georgina Pope, Royal Red Cross, appointed in August, 1906, and Miss Margaret McDonald, appointed in November, 1906. These two sisters both served in South Africa with distinction, and are entitled to the rank, pay and allowances of a Lieutenant.

OPSONIC TREATMENT.

We hope to publish shortly two articles on this great subject, one a lecture to the Montreal General Hospital Graduate Nurses' Club, by Dr. von Eberts, the Director of the Opsonic Laboratory at the Montreal General Hospital, and the other by Dr. G. W. Ross, jun., of Toronto, who has been associated with Sir Almroth E. Wright in London in his epoch-making work, and who has greatly distinguished himself there. Dr. Ross has been for the past three months at the Rockefeller Institute in New York, and is at present at the Laboratories of the Medical Department of Harvard University, giving instruction in this subject. The editors greatly appreciate the fact that his interest in Canadian nurses has induced him to consent to their earnest request for this article, when his time is already so fully occupied.

THE PRINCESS LOUISE AND THE QUEEN'S NURSES.

On the last Saturday of September, the Princess Louise, Duchess of Argyle, accompanied by the Duke of Argyle, Lord and Lady Derby, the Lord Mayor of Liverpool and the Lady Mayoress, paid a visit to the Queen Victoria District Nursing Association House at Liverpool, where she was received by the Board, the Lady Superintendent, and the matrons of the five Liverpool Q.V.D.N. Homes, and the fifty-five nurses in uniform. Her Royal Highness said: "I belong myself to the Scottish and also to the Kensington branch of this Association, and so I feel quite at home among you. I watch with interest all your work, and must say your report to-day shows that you have done more work than I anticipated. I hope you will continue in the same way." Her Royal Highness then took tea and afterwards made a tour of the Institution. Before taking leave the Princess signed her name in the Visitors' Book and expressed her approval of the home and great pleasure in her visit. Thus ended a pleasant and memorable visit, the Royal party being enthusiastically cheered as they passed through the crowded streets going and returning. It seems that Liverpool claims the honor of being the pioneer in District Nursing and that no poor patient in any part of the city need be without gratuitous skilled nursing. The nurses last year attended over 8,000 patients and paid nearly 58,000 visits to school cases.

Editorial Notes.

The Colonial Nursing Association.—This valuable organization, which was founded by Lady Piggott, with the assistance and cordial support of Mr. Joseph Chamberlain, then Colonial Secretary, has just issued its Tenth Annual Report. It began with 6 nurses in 1897, and it has now 305, of whom 215 are in Government, and 90 in private employment. It is a great organization and has nurses employed by the British South Africa Company, and the Rhodesia Company, as well as in Malaga, Cyprus, Serembang, Bangkok, Kaudy, Terak, Oporto and Venice. It is an honor to its founders and to the Empire.

Canada : Dr. J. H. Fitzgerald (Univ. Tor.), who has recently returned from post-graduate work in pathology and psychiatry in the Johns Hopkins, and elsewhere, has been appointed Clinical Director and Pathologist at the Toronto Hospital for the Insane. We congratulate Dr. C. K. Clarke on this step in advance, which is only another instance of his enlightened and progressive management of the hospital, and will certainly increase the value of the nurses' training there.

Great Britain : Miss Keer, Matron-in-Chief Q. A. I. M. N. S. and her staff, have just taken possession of their beautiful rooms in the new War Office.—Lord and Lady Aberdeen have shown their interest in nursing by attending the meeting of the Irish Nurses' Association at Dublin, and visiting the Jubilee Nurses' Home at Armagh.—Mr. Athelstan Rendall, M.P., who asked the celebrated question in the House of Commons about army nurses and dancing, writes thus in *The Hospital*, "We treat men as men. It is quite time that we treated women as women."—The London County Council is about to appoint a Superintendent of Nurses in the Education Branch of the Public Health Department, at a salary of £200 a year, increasing in seven years to a maximum of £300, together with actual travelling expenses.—The Whitechapel Nurses' Home at 61 Philpot Street, Whitechapel, is the centre of a great work that Jewish nurses are doing in the East End of London.

India : A great gift consisting of a lakh of rupees (£6,666) was made by the Pulkian Chiefs to the Prince and Princess of Wales in commemoration of their visit to India. Their Royal Highnesses are giving half of this magnificent sum to found a Girls' School at Lahore, and the other half to Lady Minto's

Endowment Fund for the Indian Nursing Association.—The Council of the Roman Catholic Mission to the Women and Children of India is about to found a hospital at Rawal-Pindi, Punjab, India, in which the medical staff will all be fully qualified English medical women, and the nurses high-caste Indian ladies.

Germany: The Germans are improving their methods of organization and training in the Army Nursing Department, assisted by the Patriotic Women's Union and other societies.

Holland: The Secretary of the Nurses' Association of the Netherlands has issued an announcement of a two years' preparatory course for those who desire to become trained nurses. It is a most interesting course, and, added to a three years' hospital training, would seem to be the most complete hospital nurses' course in the world.

United States: That fine old pioneer hospital, Bellevue, in New York, keeps up with the times. It has just appointed a "field nurse," whose entire time and care is to be given to patients about to be discharged. We all know how often these, without work, money, or home, need a friend. Bravo for Bellevue!

The Contributors' Club.

NURSING METHODS AND APPLIANCES.

At a demonstration given to the Montreal General Hospital Graduate Nurses' Club on January 9th, in the amphitheatre of the hospital, the programme was as follows:

- I. Preparation for an operation in a private house.
- II. Cap, eczema mask and restraint jacket.
- III. Restraint jacket for a child in bed.
- IV. Foot-bath in bed.

Full explanatory notes as to the work done and the appliances shown would make too long a paper, so the preparation for an operation in a private house will be left for another number.

II. CAP, ECZEMA MASK AND RESTRAINT JACKET.

Cap.—This is a copy (very slightly modified), of those used at the Post Graduate Hospital, New York City, and was originally designed by one of the nurses of the P. G. H. Training School. It consists of a piece of gauze, from 24 to 30 inches in

length, by 30 to 36 inches wide. Double this gauze lengthwise, bringing one edge to within 4 or 5 inches of the other, then turn back the single piece over the doubled gauze, pull a thread at the double (front) edge of this last fold in order to make the cap fit round the face. The corners of the lower piece of gauze are to be tied under the chin, and the corners of the upper fold tied at the back of the neck, securing under them the folds which form the back of the cap.

Eczema Mask.—This cap will be found useful to keep in place head dressings on babies and small children, as well as in cases of eczema, in combination with an ordinary mask of lint or old linen. An illustrated description of this cap will be found in the *American Journal of Nursing* for November, 1903.

Restraint Jacket.—This jacket is used with the cap and mask in eczema cases, or in any case where it is desirable to prevent a child touching the face or head. A short jacket of any material, rather tight fitting, with plainly made sleeves, and buttoned in the back, has a long narrow pocket stitched on the outside of the under part of each sleeve, extending from the lower edge of the sleeve well past the elbow. Into these pockets strips of wood or very heavy cardboard are to be slipped. In place of a jacket a nightgown or long-sleeved pinafore might be used.

III. RESTRAINT JACKET FOR A CHILD.

This jacket consists of a long, plain, sleeveless waist, buttoned behind with flat buttons. To the under arm seams are attached on either side broad bands about three-quarters of a yard in length, extending from end to end of the seam to which they are attached. The whole jacket may be made of canton flannel, flannelette, or unbleached cotton; the bands should be of double material, firm and strong. When the jacket is put on a child these bands are pinned to the *under* part of the mattress, one on either side of the bed, with strong safety pins. By this means a child may be kept from sitting up or turning over. It is especially useful when children are coming out of ether.

By making pleats with safety pins (after the manner of an abdominal binder), the jacket may be made to fit children of different sizes.

IV. FOOT-BATH IN BED.

(Required: Blanket, foot-bath, bath thermometer, mustard, bowl, spoon, pillow, bandage, towel.) Loosen the clothes at the foot of the bed and slip in a doubled blanket under the feet of the patient, having the fold of the blanket towards the foot of the bed. Fold back the clothes as far as the knees of the patient, lift up the feet and draw up one fold of the blanket over the patient's feet and legs. Put under the knees a pillow which has been folded in the middle and tied together with a bandage at each end. Draw the under fold of the blanket well up over this

pillow. If you have anyone to help you put the water in the bath (temperature 110 deg. F., or as ordered), and if mustard is to be used, add it mixed to a thin paste with cold water. Lift the patient's feet while the bath is slipped in between the blankets, then lower them into the water. If you are alone, the bath may be placed at one edge of the bed with a very little water in it and then drawn into place with one hand, while the feet are lifted with the other; you can then add the remainder of the water. Draw the blanket well up over the patient's knees and turn up both folds of blanket in an angle at either side of the bath; by this means the blanket is kept tightly around the bath and prevented from slipping. Now fold down the bed-clothes and leave the feet soaking from 15 to 20 minutes. Slip out the bath and dry the feet with a warm towel, leaving them wrapped in the blanket. If other means are lacking, the towel may be slightly warmed by being placed next the bath.

F. MADELINE SHAW.

Correspondence.

TORONTO, Dec. 28, '06.

Editor of CANADIAN NURSE:

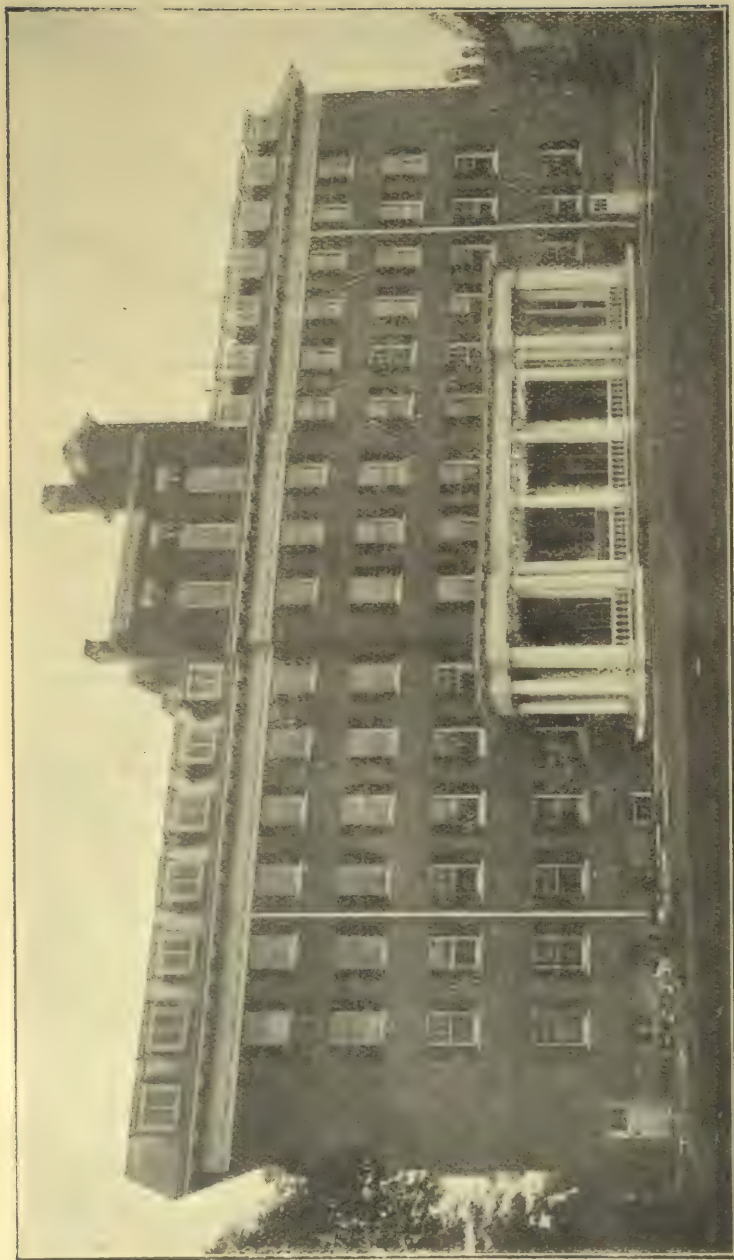
DEAR MADAM,—For a long time there has been considerable talk about the "mercenary" spirit of nurses. This, I think, is a great fault, and, if not checked, will do harm to our profession. The nurse who needs the money she earns in order to make a living is the one who is needed in the profession, but the one who has "money" first and last in her thoughts has made a mistake in choosing nursing. True nursing requires all the best that there is in womanhood, and high ideals must be constantly kept uppermost.

To remedy this evil, would not a course in the history of nursing help materially? Each of the other professions studies the history of that profession, so why should not we, even if the "trained nurse" is a recent addition to the world's workers? A study of the lives of Florence Nightingale, Sister Dora, Sister Alice Fisher and others would surely tend to raise the ideals of the student nurse above the merely mercenary. And after graduation, faithful attendance at alumnae and other nurses' meetings, with participation therein, will give the private nurse some idea of her responsibilities, and of the benefit it is to the patient to be cared for by a broad-minded woman rather than by one who is counting her days and weeks at eighteen or twenty-five dollars a week. Hoping that others may discuss this question or suggest a remedy, I remain,

Yours most sincerely,

LUCY BOWERMAN.

President T. G. H. A. A.



THE NEW RESIDENCE FOR NURSES OF THE HOSPITAL FOR SICK CHILDREN, ERECTED, FURNISHED AND
PRESENTED TO THE HOSPITAL BY MR. J. ROSS ROBERTSON.

Official Department.

A RESIDENCE FOR NURSES.—DESCRIPTION OF THE NEW BUILDING ERECTED IN 1906 FOR THE NURSES OF THE HOSPITAL FOR SICK CHILDREN, TORONTO.

The residence for nurses, erected, furnished, equipped and presented to the Hospital for Sick Children by Mr. J. Ross Robertson, the Chairman of the Board of Trustees, is situated at the south side of the Hospital property on College street, about 300 feet south of the main building, and extends across the ground between LaPlante avenue on the east and Elizabeth street on the west. The cost was about \$130,000, exclusive of the ground, which belonged to the Trust and is valued at \$25,000.

The building is erected to the memory of Maria Louisa Gillbee, first wife of Mr. Robertson, who died in 1886, and is to be known as "The Maria Louisa Robertson Residence for Nurses." The corner stone was laid 7th October, 1905, by John Sinclair Robertson, her eldest son, in the presence of Irving Earle Robertson, her second and youngest son, and J. Ross Robertson. There were also present: Messrs. G. J. Bennett, Dr. A. C. Bennett, Goldwin Smith, Hon. G. A. Cox, trustee; Miss Brent, Lady Superintendent; Miss Potts, Assistant Superintendent; Drs. Walter Wright, Black, Spohn and Strathy, resident staff; S. G. Curry, architect; Douglas Davidson, Secretary-Treasurer; John Flett, trustee; Charles Cockshutt, trustee; Dr. Bruce Smith, Inspector of Hospitals for Ontario Government; Mrs. J. Ross Robertson and Miss Elizabeth Kerr, Assistant Secretary.

The construction period covered from September, 1905, until January, 1907.

The building has a frontage of 150 feet by a depth of 44 feet, with a portico 50 x 20 and private roadway of 50 feet on its north side and 50 feet of ground for light and air on its south side.

It is built of red brick, in the colonial style of architecture, and is five storeys in height, exclusive of the basement.

The exterior presents a handsome appearance, with its broad portico. The main door or entrance is at the west end of the portico. There are also three large French casement windows, which open out to the portico from the reception-room.

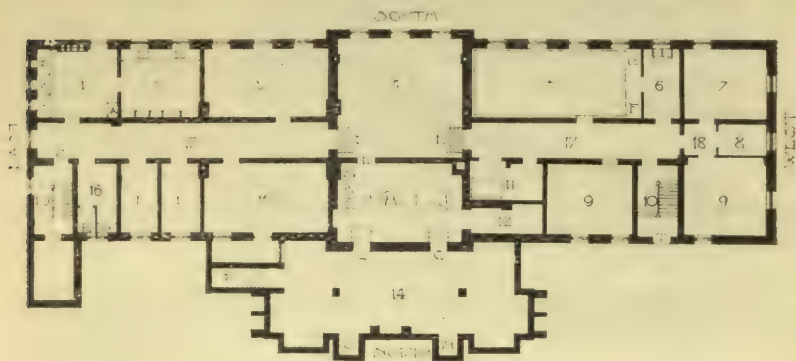
The building is commodious and ample for the requirements of the hospital for the next twenty years.

A prominent hospital authority from the United States, where it is claimed they have the most modern of residences for nurses, states that "there is no other residence for nurses in the world that approaches this one in its design, exterior and interior, or in its plan of the rooms necessary for the work of training nurses."

Another authority says "its equipment and furnishing is absolutely perfect. It possesses features to be found in no other such building."

THE BASEMENT.

The basement, which runs from east to west the entire length of the building, has a twelve-foot ceiling throughout.



BASEMENT PLAN.

Next to this entrance is the domestics' lavatory (16), 8 x 14, then two storerooms (1), each 8 x 14, and domestics' dining and sitting-room (15), 25 x 14. Further along this north side and across the demonstration-room (4), referred to later, is the door to the elevator or lift (11) on the basement floor, next to it the vacuum cleaner electric plant (12), for the building is cleaned by this process; brooms are not used. Next to this are two trunk-rooms (9), each 17 x 14 and 16 x 16 respectively, with capacity for 100 trunks, the west staircase (10), being between the two rooms.

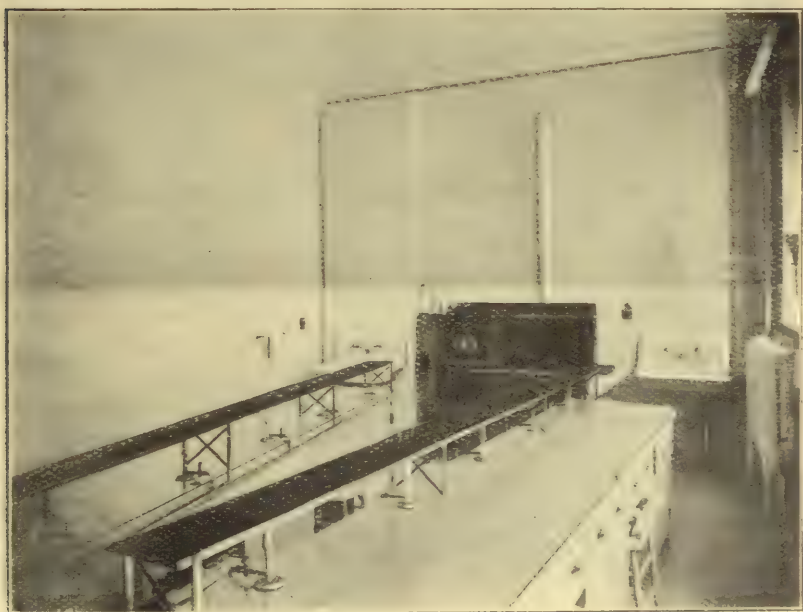
The fitting up of the trunk-rooms is rather unique. The trunks are on shelves in three tiers, and each trunk has on its front the name of the owner in large letters. If the owner wants her trunk and it is on the ground tier she simply pulls it out and opens it—if on the second tier she draws a small table that is on castors to the front of the shelf, ascends three steps which are attached at the end of the table, and pulls the trunk out on top of the table, opens it and when through pushes it back. If the trunk is on the top tier the owner simply ascends the step, stands on top of the table and opens her trunk without having to move it at all. These are all the rooms on the north side of the basement (17) corridor.

COLD STORAGE PLANT.

Returning again to the east end of the corridor and opposite the staircase (10) from the kitchen entrance there is on the south side of the corridor the refrigerator-room (1), 13 x 14. This

room is equipped with a sanitary "arctic" dry air refrigerator, 13 feet 6 inches wide by 12 feet high and 3 feet deep, made in three (B.B.B.) distinct sections and fitted with ice chutes from the outside on LaPlante avenue, for the intake of two tons of ice at one filling; the inside of the refrigerator is lined throughout with white opal glass, and the floor inlaid with small tile. The two end provision compartments are equipped with shelves having access by two doors each. The centre compartment is equipped with plated meat hangers; the case is enamelled and brass trimmed. There are ten compartments in all.

Leading out of the cold storage room (1) is the scullery (2), 15 x 14. Both these rooms have tiled floors and walls, with ceilings in Keene cement, and window sills of marble. The food as



THE EAST END OF THE DIET KITCHEN.

prepared in the scullery is sent up to the kitchen by a small hydraulic lift (A) in the cold storage room, and at the door of the scullery. There is, except the doors and a cupboard for crockery, no wood in these rooms.

The next room to the west on the south side is the diet kitchen (3), 25 x 14, fitted up for the service of the dietitian and a class of ten nurses. The nurses work at two tables, each twelve feet long.

Gas stoves are not used, as they are cumbersome and antiquated. Instead of stoves there is a copper grill eight inches wide and twelve feet long.

This grill stands eight inches on and above a table at which

the probationers work, and in the centre of the space allotted to each probationer is a circular gas jet which answers exactly the same purpose and does the work much better than the ordinary burners of a gas stove.

Each probationer has her own drawer and cupboard, which contains all necessary crockery and utensils. The graniteware is white, with rim in blue, made specially for this kitchen.

The instructress, a dietitian, stands between the tables, which are placed about three feet apart at one end and join like a "V" at the other. The tables are covered with plate glass.

This kitchen also has its refrigerator lined throughout with white opal glass and a floor of small tile. The provision compartments are fitted with woven wire shelves, brightly tinned. The outside is cased with white opal glass also, making all parts inside and outside perfectly sanitary.

The room is floored with octagon tiles. The lower part of the walls is in white oblong tiles, and the upper part in Keene cement. The window sills are in marble.

The provision cupboard is of wood, painted white, with glass doors. The shelves are plate glass. This receptacle is a marvel in its fitting. It is a complete pantry and storeroom in condensed form, and yet not crowded.

The probationers are instructed from 9 a.m. till noon daily. They prepare individual diets when required for the hospital, and at the end of three months they are competent, and cook the entire meal for the household in residence.

The dietitian states that every probationer is fairly well up in cooking after her three months' daily course in the diet kitchen.

DEMONSTRATION-ROOM.

Descending three steps (D) and in the centre of the basement, as will be noted in the plans, is the demonstration-room (4). This room is 24 x 24, with a fourteen-foot ceiling. In it the probationers are instructed in all their duties before they enter the wards.

Two beds and every article required in the ward are in this room. Each probationer receives instruction a stated number of hours each week in this department. This room has an oak floor, with walls in tile and cement. It is furnished with sinks and a small gas stove for water heating purposes.

Ascending three steps (E) the visitor leaves the demonstration-room and goes west along the corridor (17) on its south side to a door opening into a lobby (6). This room is 7 x 14, and is a dressing-room, fitted up with tiled floor and walls of cement, with racks for clothing.

Opening out of this room is the swimming-pool (5), or plunge bath, 30 x 13, with a sixteen-foot ceiling.

At the west end of this bath is a marble platform (G F), 3 x 13, and at the north end of this platform is a shower-bath (F).

The pool is 30 x 13, and holds when ready for use 14,500 gallons of water, and is entered by a nickel steel ladder (G) at the south end of the marble platform. The water is heated by steam from the hospital boiler-room, 300 feet north of the Nurses' Residence.

The bath is constructed of the best Portland cement, two feet thick, with extra strength at the corners. It is lined with highly finished porcelain brick, of a make and quality specially manufactured for this bath.

The coping all round the bath is of marble, and the water has extra filtration before it enters the bath.



EAST END OF SWIMMING POOL—PLATFORM IS AT WEST END.

It is so clean in the bath that standing on the diving platform large type, say six inches long, can be read when placed flat at the bottom of the bath.

The bath is attended by the gymnastic instructress, who is an expert in swimming.

No nurse is allowed to enter the bath alone. There must be another nurse with her in the bath or an attendant in the room.

Every nurse must take the shower-bath before entering the plunge. This shower drains into an outlet not connected with the bath proper.

In case of an accident occurring to a nurse in the bath, there are two electric bells, one at each end of the bath. When the button is pushed the bells ring continually in the first floor hall,

where a maid sits who can at once summon assistance or see what is wanted.

It takes an hour and a half to fill and an hour and a half to empty the bath. The water is changed every five days.

SEWING-ROOM.

To the west of the plunge-bath is a sewing-room (7), 16 x 14, which the nurses have the use of, and in which all the sewing for the residence, such as uniforms, etc., is done.

Two sewing machines are run by electricity. It has been fully demonstrated that an operator can get fifty per cent. more work out of a machine run by electricity than by foot power.

The meter-room (8) contains the gas, water and electric meters, the switch boards, etc.

HEATING PLANT.

In the front of the centre of the basement, that is, on its north side, is the boiler-room (13), 16 x 24, with three boilers (H I J), for heating the building, and the jacket stove (K) for heating water in the hot water tanks (L M) for the seventeen tub-baths in the upper floors of the building. One heating boiler is all that is required in mild winter weather, two if the weather is severe. The third boiler is a reserve. There is an average of 800 lbs. of coal burnt in the boilers per day for heating purposes, from 1st October to 30th April.

The three boilers (H I J) are capable of heating 8,000 square feet of heating surface, or 24,000 feet of inch pipe.

The hot water tanks (L M) hold 600 gallons of water for the individual tub-baths—an ample supply for the bath-rooms on the upper floors of the residence. The jacket stove will heat a supply of 400 gallons per hour of cold water, so that the supply of hot water for the tub-baths is practically continuous.

The plunge-bath is so popular that it is predicted the tub-baths will be almost deserted in a few years.

Under the main portico (14), which is 48 x 16, are coal bunkers for heating and kitchen coal, with a capacity for 80 tons, enough to last the residence for a year.

The coal is placed in these bunkers through two chutes (N, O), which open from the roadway on the north side of the portico. The carts come along the private roadway, and the black diamonds are shot down direct to the bunkers.

The coal is all weighed on the hospital scales at the driveway of the main building before it is placed in storage, either in the hospital or residence. The coal cellar is entered by a front entrance (P) at the east end of the portico, and there is also an entrance descending three steps into the boiler-room (Q), and from the boiler-room to the basement at (R). This completes the description of the basement.



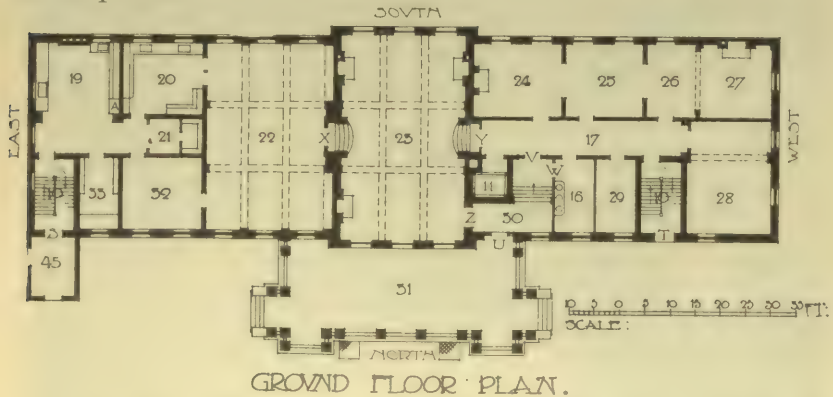
THE KITCHEN.



THE SERVING PANTRY.

THE GROUND FLOOR.

The ground floor is reached by three entrances, one at the east (S), or kitchen entrance, one at the west (T), or nurses' entrance, and one—the main entrance—(U) under the west end of the portico.



GROUND FLOOR PLAN.

The room (45) shown at the kitchen entrance is not yet constructed. The space is intended for a receiving-room for supplies, and to hold waste matter till removed.

The entrance at the east end or left of the plan is exclusively for the domestics and for supplies. When you enter here to go to the basement you descend ten steps. To go to the kitchen on the ground floor you ascend eight steps. The staircase runs to the top, or fourth, floor of the building.

The west entrance (T) is for nurses. To go to the basement you descend ten steps. To go to the ground floor you ascend eight steps.

After you enter the main entrance (U) you walk across a four-foot vestibule and ascend five steps to a landing, and pass at (V) into the main corridor. Nurses pass at (W) into the lavatory and cloak-room.

Commencing again at the east end, the interior of the building contains on its south side a kitchen (19), 17 x 22, fitted up with a large range, gas stove and other necessities. There is no wood-work in the kitchen, save a cupboard, which is nearly all glass.

In the kitchen (14) is the opening from the service elevator (A), which brings up the prepared food from the scullery and cold storage room in the basement.

Off the kitchen is the cook's or baking pantry (33), 8 x 14, with cupboards, etc., and opposite on the south side is the serving pantry (20), 16 x 14, fitted with a steam-table, cupboards, coffee, tea and milk urns. There is also a pantry (21) for stores required for immediate use.

The kitchen (14), the pantry and the serving pantry are all fitted up with tile floors, and tile walls for six feet, and the rest of the walls and the ceiling are of cement.



NURSES' DINING-ROOM.



SUPERINTENDENT'S DINING-ROOM.

The serving pantry (20) opens into the nurses' dining-room (22), 25 x 37, and has table accommodation for sixty nurses.

The plaster walls of this room are covered with muslin, which had four coatings of oil and white lead, and are decorated in empire green below the frieze, the upper part a lighter green, with a stencil pattern of laurel leaves and pomegranates, a most effective and pleasing decoration.

SUPERINTENDENT'S DINING-ROOM.

Off the general dining-room is (32) the Lady Superintendent's dining-room, 14 x 16. The walls are panelled in white enamelled woodwork to top of windows, the fields or panels are filled in with silk fibre, bronze green color. The floor is covered with



THE GENERAL RECEPTION-ROOM.

a Smyrna rug in green and yellow color, and is in delightful harmony with the walls.

The Lady Superintendent and the resident staff from the main building have their meals here daily.

Leading off the nurses' dining-room is a wide doorway (X), with five steps descending to the general reception-room or hall.

This room is 25 x 41, with a ceiling fifteen feet high, decorated in the colonial adaptation of Georgian architecture, and good judges claim that the designing, the work and the finish are fine examples of the architecture of the period.

The walls are panelled 9 feet 6 inches high in enamelled wood-

work, and are divided by fluted Corinthian pilasters supporting the plaster entablature, with enriched cornice at the ceiling. The doorways, with steps, in the centre of the side walls, are treated with fluted Corinthian columns to the height of wall panelling, supporting an entablature.

This room contains three mantel pieces, flanked with fluted pilasters, in harmony with the doorways. The fireplaces are framed with a marble called black and gold, giving a pleasing contrast with the white woodwork.

The upper parts of the mantels are designed in the form of a frame, to contain oil paintings.

This room opens on to the portico on the north side of the building by three French casement windows.



THE PARLOR, THE MUSIC-ROOM AND WRITING-ROOM.

the room, for it is expected that some day there will be verandahs on this side, extending from the ground to the top of the building.

The room is lighted from both ends, the sash being divided by sash bars, giving the character in keeping with the room.

The ceiling is divided by moulded plaster beams into nine panels, which are covered with muslin, and tinted in ivory color, in harmony with the golden yellow of the wall surface above the panelling. The six windows in this room are hung with blue velours, with oxidized poles to match the electroliers.

The room is lighted by five pendants in oxidized steel and opal

globes, which harmonize with color of wall above panelling—golden yellow.

Leaving the reception-hall and ascending three steps (Y) we are in the main or west corridor, which is 40 feet long and 7 feet wide.

The first room on the south or left side is the parlor (24), 14 x 18; the second (25), is the music-room, 14 x 15; the third (26) is the writing-room, 10 x 14, and the fourth (27) the general library, 15 x 14.

The parlor and music-room are treated with a good Georgian paper, white enamelled woodwork, with grey-white ceiling, white linen curtains, applique with old rose flowers and green leaves.



THE MUSIC-ROOM.

The writing-room and library have the walls in a golden brown paper, with curtains of a golden brown monk cloth, with an applique conventional pattern, green and burnt orange.

It all harmonizes with the white woodwork and the bookcases, which are in white, with colonial doors and small glass. These four rooms can be thrown into one large reception-room by means of sliding doors.

In the library are one thousand volumes of well-selected fiction and general literature for the use of the nurses.

THE LECTURE-ROOM.

On the north side of the corridor, and at the west end, is a lecture-room (28), 22 x 16, which contains in a case all that

remains of the "late Wm. Morgan," as the skeleton in use by the superintendent in lectures is named by the nurses.

The chairs used in this room are one-armed chairs from a special design—no left-hand arm, but a broad six-inch flat right-arm for the resting of a notebook and the hand of the nurse. The walls of this room are decorated in old gold with frieze of a lighter color.

WAITING-ROOM, ETC.

Leaving this room and coming east is a small waiting-room (29), 8 x 14, for visitors. It has bronze green walls, and a frieze of burnt orange and yellow.

Next to this room is a lavatory (16), 8 x 14, with water closet and three wash basins. The room is finished in tile and marble.

Adjacent to this is the main entrance, exit (V.), with a private door (W) from the lavatory into the vestibule, so that nurses who enter the main entrance can go directly into the lavatory, in which are the racks with hooks for outside clothing.

Every nurse is compelled to wear a wrap going and returning from the main or hospital building.

The elevator or lift entrance (11) from this floor is at the end of this corridor on the south side, near the door of the general reception-room.

THE MAIN CORRIDOR.

The corridor (17) is decorated in burlap, painted a reseda green, with a light and suitable frieze.

ROSTER FOR NURSES.

There are two unique articles in this corridor which merit attention. One is the "roster" for nurses. It is a board divided into 100 compartments, each compartment or division half an inch wide and three inches long.

Into this half-inch space is inserted a card with the nurse's name in print, and the number of her room. At the end of the name is a peg hole. At the bottom of the roster frame is a tray about three inches wide and twenty inches long. In this tray are pegs with a round knob about a quarter of an inch in diameter. Each knob has a color.

A nurse, if "in the hospital" on duty, places a red peg opposite her name; if "out" of the residence a blue peg; if "on vacation," a white peg, or if on "outside" duty a white and red peg, and if "in" her room, a green peg. This "roster" is the invention of Dr. Fisher, of the Presbyterian Hospital, New York. It is in use in the Nurses' Residence of that building.

There is also a bulletin board for notices from the superintendent and other officials. It is an ordinary cork bath mat, squared and placed in a frame. With a pin all notices are posted.

THE MAIN VESTIBULE.

The vestibule (30), 8 x 14, at the main entrance, is a fine piece of colonial woodwork. Leading from this entrance is a door (Z) opening into the general reception-room, but this is only used at functions in which the public are concerned.

RUBBER FOR CORRIDORS.

The vestibules at all the entrances are protected by perforated rubber mats, while the portico has a rubber mat reaching from the door to the steps at its west side.

All corridors throughout the building have a green rubber cream strip, 36 inches wide, running full length of corridors. All steps on staircases throughout building are supplied with rubber treads and brass nosings.

THE ELEVATOR OR LIFT.

The elevator or lift (11), which operates without an attendant, runs from the basement to the roof of the building. The person using it touches a button and the elevator comes to the required floor. The person enters, touches a button "up" or "down" and stops the elevator at the floor desired.

THE FLOORS.

The floors in the entire building, except where otherwise named, are of selected Georgia pine, polished. There is not one knot in any floor in the building.

THE FIRST FLOOR.

To reach the first floor, one can either take the west staircase or the elevator or lift.



The first floor corridor is 150 feet long and 7 feet wide.

BED AND BATH ROOMS.

There are twenty-one bedrooms on this floor (34), 8 x 13. Each room has also a clothes closet, 3 x 4, with pegs and shelves.

and rack for boots and shoes. No shoes or any other articles are allowed to be placed on the closet floor.

The clothes closet is lighted and ventilated by a window, 3 x 2, five feet from the floor.

There are two bathrooms (16), each 15 x 15, on this floor, one at its east end and one at its west end.

That in the east end contains two baths (36) and water closet, divided off from main room by marble screens into separate compartments.

There are also three basins in the main portion of the bathroom.

The bathroom in the west end (16) contains one bath (36)



THE NURSES' PARLOR ON THE FIRST FLOOR.

and one shower (39), and water closet divided off, same as east end bath. This bathroom also contains two basins.

There is one tub-bath for every five persons in the building, and one wash basin to every three persons.

SUPERINTENDENT'S ROOMS.

At the west end, and on the south side of the corridor, is a parlor for the Lady Superintendent (35), 15 x 15, a bedroom (34), 10 x 15, a bathroom (36), 8 x 8, and a clothes closet (37), 6 x 8.

The Lady Superintendent's parlor is decorated in a reseda green silk and linen fibre on the walls, with a rich frieze of magnolia flowers and green leaves, and a reseda green rug, with border

in rich shades of golden brown and yellow. The curtains are of green linen.

THE NURSES' PARLOR ON THE FIRST FLOOR.

Leading from the centre of the corridor on the south side is a nurses' parlor (33), 25 x 17, for the nurses on this floor. It is lighted by three French casement windows, which may be opened when the verandahs on the south side of the building are erected. This room is decorated in an old-fashioned colonial paper, in harmony with the wall decoration, a rich crimson rug with figured border.

This floor has also its linen closets (42), its slop sinks (41), and its corridor (17), with the outlets for the electric sweeping plant.

THE SECOND FLOOR.

The second floor is a repetition of the first floor, and has 22 bedrooms, bathrooms, exactly similar in all respects to those described on the first floor, and this applies to all bedroom floors.



SECOND FLOOR PLAN

On this floor is the medical library, a room 17 x 16, with its furniture, and a bookcase containing about 300 volumes, all on nursing. Every known book on the subject and for use in training schools will be found in this library. These books cannot be removed from the room. Every comfort is afforded for study, and the room is one of the cosiest in the building. The furniture in this room is in red leather, with a rug to harmonize with the green walls and curtains.

On this floor are also the bedrooms of the assistant superintendent, the supervisor of probationers, and housekeeper, with a small parlor for each—each room 8 x 16.

There is also a parlor 25 x 17 in the centre and south side of the corridor for nurses who room on this floor.



THE NURSES' PARLOR—SECOND FLOOR.



THE MEDICAL LIBRARY.

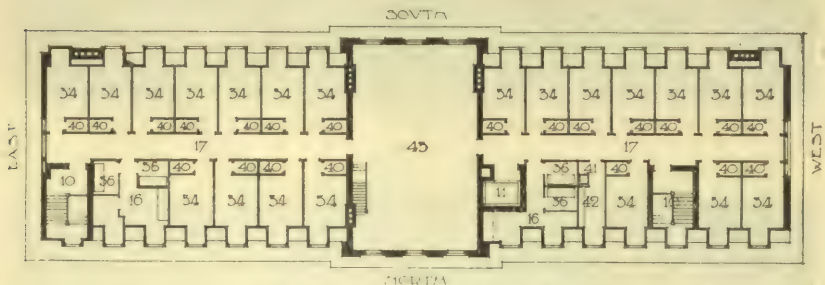
THE THIRD FLOOR.



THIRD FLOOR PLAN.

The third floor is similar to the first and second, with 24 bedrooms and two bathrooms, as on first and second floors, and also a parlor 25 x 17 in the centre and south of the corridor for nurses whose rooms are on this floor.

THE FOURTH FLOOR.



FOURTH FLOOR PLAN.

The fourth floor (17) is divided into two parts in the centre. It has 21 bedrooms, 8 x 10, for domestics, with bathrooms (16), all finished in the same style as the other bathrooms in the building.

THE GYMNASIUM.

In the centre of the building on this floor is a room 14 feet high and 25 x 41 feet, used as a gymnasium (43), and fitted up with a complete outfit.

The equipment has every requisite for the work, and an instructress gives daily instructions of thirty minutes to different classes. The classes meet in the morning and afternoon.

The thirty minutes are taken out of the hospital time, and not the nurses' own time.

THE ROOF GARDEN.

Leading from the gymnasium is a narrow staircase to the roof garden—a flat space, 25 x 41, which is covered with slat work and has an awning. Here the nurses may sit and rest in the summer time when they feel so disposed.



WORK OF NURSES.

Out of the 52 nurses about three-fourths are at The Lakeside Home for Little Children on the Island from the end of May till the beginning of October.

The Lakeside Home is the summer sanitarium of the Hospital for Sick Children. It is situated at the Lighthouse Point on Toronto Island, and was erected, equipped, furnished by Mr. Robertson in 1882, and presented to the Board of Trustees of the hospital. It is a large building—a complete sanitarium—with ward accommodation for about 150 children. All the patients from the mother hospital on College street who are able to be sent to the Island have four months' residence there. The Lakeside



has its west, south and east sides facing Lake Ontario and its north side the Toronto Bay.

The nurses are sent over to The Lakeside Home in turn, so that the fourth, who are in the main hospital building on College street, when on duty there have the advantage of the fresh air on the warm nights on the roof garden, when their sister nurses are at The Lakeside.

The foregoing is a complete description in brief form of the Nurses' Residence, its construction and the plan on which it has been built.

FURNITURE IN BUILDING.

The furniture, from the basement to the roof, is all Spanish colonial, or as it is more popularly known Mission furniture.

Every room in the building, from the maids' parlor to the roof, is furnished in this style, and there is not the slightest variation from it by the introduction of even the most minor piece of furniture.

The nurses' dining-room has circular tables and dining chairs, which show effectively when the tables are set for dinner, and each nurse is in her place.

The private dining-room of the Lady Superintendent is of the same character.

The centre or main reception hall is an exquisite piece of interior woodwork, and the settees, the chairs, the tables, large and small, and other pieces of furniture upholstered in leather rest on a Smyrna rug, which covers nearly all the floor space of 25 x 41.

The floors of the parlor, music-room, writing-room and library are covered with Smyrna rugs in green and gold. Eighteen inches of the oak floors in each room are shown.

The furniture is all in leather of different colors, each room having its own color.

The easy chairs—the settees, are most inviting and restful.

The nurses' parlors on each floor and the Lady Superintendent's rooms are similar to the furnishing of the lower floors, and most artistic.

The parlors on each floor have settees and seats for twelve nurses, with writing desks and tables for purposes of study.

The bedrooms have each an iron bedstead and a bureau in Mission pattern, but colored in white enamel. There is an easy chair and table in the dark oak of Mission furniture, and the floors, which are of Georgia pine, are oiled. At the bedside is a long rug, while the window curtains, which end at the sill, are of white dotted scrim of pretty design.

The residence has been fitted up with the idea of doing the best that can be done for young women, who, without recompense, put in three years of their lives learning the work of nursing.

A large amount of duty and of hard work is required of these women, and to do this they must be kept in perfect health; they must live under the best sanitary conditions, with good food, well-ventilated rooms and up-to-date methods, by the aid of baths, gymnastic exercises and physical instruction, so that they may not only be in the best of health during their stay in the hospital, but when they go out to labor in the nursing field they will do so under the best possible conditions.

There is hardly ever a graduate nurse of this hospital out of commission, and if twice the number of graduates were turned out each year they would be quickly absorbed either at private work or in the large American hospitals, where at the present time at least a score of our nurses occupy positions of importance.

This description of the residence is given in response to a large number of enquiries from hospital people or workers in Great Britain, the United States and Canada. The details and the measurements are given so that those interested in hospital work may know exactly the size of the rooms, etc., and capacity and layout of the building.

The architects of the building were Messrs. Curry, Sproatt & Rolph, Toronto. The residence will be formally opened on February 5th. by Mr. Goldwin Smith, a personal friend of Mr. Robertson. The Lieutenant-Governor of Ontario and suite and the Premier and members of the Ontario Government will be present.

INDEX TO PLANS.

- | | |
|----------------------------------|-----------------------------------|
| 1—Stores: | 20—Service Pantry. |
| (a) Dumb Waiter. | 21—Kitchen Pantry. |
| (b) Refrigerators. | 22—Dining Room. |
| 2—Scullery. | 23—Lecture Hall. |
| 3—Diet Kitchen. | 24—Music Room. |
| 4—Demonstration Room. | 25—Reception Room. |
| 5—Swimming Bath. | 26—Writing Room. |
| 6—Dressing Room. | 27—Library. |
| 7—Sewing Room. | 28—Lecture Room. |
| 8—Meter Room. | 29—Waiting Room. |
| 9—Trunk Room. | 30—Vestibule. |
| 10—Staircase. | 31—Entrance Porch. |
| 11—Elevator. | 32—Superintendent's Dining Room. |
| 12—Vacuum Cleaning Room. | 33—Cook's Pantry. |
| 13—Boiler Room. | 34—Nurses' Bedroom. |
| 14—Coal Store. | 35—Sitting Room. |
| 15—Maids' Dining — Sitting Room. | 36—Bath Room. |
| 16—Lavatory. | 37—Clothes Closet. |
| 17—Corridor. | 38—Superintendent's Sitting Room. |
| 18—Lobby. | |
| 19—Kitchen. | |

39—Shower Bath.
 40—Clothes Closet.
 41—Slop Sink.
 42—Linen Room.

43—Gymnasium.
 Roof Garden above it.
 44—Medical Library.
 45—Kitchen Vestibule.

KEY TO ENTRANCES.

A.—Dumb Waiter.
 BBB.—Refrigerator.
 C.—Entrance from kitchen
 staircase to basement
 corridor.
 D.—Steps from east corridor
 to demonstration room.
 E.—Steps from demonstration
 room to west corridor.
 F.G.—Platform in swimming
 pool. At F shower
 bath, at G ladder to
 pool.
 H.I.J.—Heating boilers.
 K.—Jacket stove.
 L.M.—Hot water boilers for
 tub baths.
 N.O.—Coal chutes in driveway.
 P.—Entrance to coal room
 from front driveway.

Q.—Entrance from coal room
 to boiler room.
 R.—Entrance from boiler
 room to main building.
 S.—Kitchen entrance to base-
 ment and to ground
 floor.
 U.—Main entrance door to
 residence.
 V.—Door from vestibule to
 ground floor corridor.
 W.—Door from vestibule to
 lavatory.
 X.—Stairs (4) between nurses'
 dining room and general
 reception room to west
 corridor, ground floor.
 Z.—Door from vestibule to
 general reception room.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR
 SICK CHILDREN TRAINING SCHOOL FOR
 NURSES, TORONTO.

OFFICERS, 1906-7.

President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

CONVENERS OF COMMITTEES.

Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Mrs. Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss Grace Hodgson, 82 Bloor St. W., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss C. Mitchell; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board: Miss B. Crosby and Miss A. Boyd.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

WAR OFFICE, LONDON, S.W.
15th December, 1906.

The following ladies have received appointments as Staff Nurse: Miss E. M. M. Malim, Miss M. E. Smith, Miss N. Stewart, Miss S. W. Wooler.

POSTINGS AND TRANSFERS.

Matron.—Miss C. Hutton Potts, to Standerton, from Middelburg, Transvaal.

Sisters.—Miss M. Walker, to Pretoria, from England; Miss F. M. MacGregor, to Pretoria, from Middelburg, Transvaal; Miss E. M. Denne, to Bloemfontein, from England.

Staff Nurses.—Miss S. N. Daly, to Shorncliffe, from Hounslow; Miss L. Belcher, to Shorncliffe, from Woolwich; Miss E. R. Collins, to Hounslow, on appointment; Miss F. E. Morton, to Woolwich, on appointment.

Promotions.—The undermentioned Staff Nurses to be Sisters: Miss E. Barber, Miss A. E. FitzGerald, Miss E. C. Fox, Miss A. M. MacCormac, Miss F. M. MacGregor, Miss M. MacGregor, Miss M. E. Neville, Miss E. M. Robinson, Miss M. O'C. McCreery.

C. H. KEER,
Matron-in-Chief.

The Editor,
THE CANADIAN NURSE,
133 East Bloor Street, Toronto, Can.

**CONSTITUTION OF THE ALUMNÆ ASSOCIATION OF THE
COLLINGWOOD GENERAL AND MARINE HOSPITAL
TRAINING SCHOOL FOR NURSES.**

ARTICLE No. 1.

The name of the Association shall be: "The Alumnæ Association of the Collingwood General and Marine Hospital Training School for Nurses," of Collingwood, Canada, and its object shall be the promotion of unity and good feeling among the Alumnæ, and the advancement of the interests of the Profession of Nursing.

ARTICLE No. 2.

The officers of the Association shall consist of a President, two Vice-Presidents, a Secretary and a Treasurer. These officers, together with the Honorary President, shall constitute the Executive, which shall represent the Association and manage its affairs. The officers shall be elected by ballot at the annual meeting and shall serve until their successors are elected.

ARTICLE No. 3.

Clause 1.—The President shall preside at all meetings of the Association; she shall countersign all orders for the payment of moneys, and may in case of any vacancy make all necessary appointments until the next regular meeting of the Association.

Clause 2.—The Vice-Presidents, in order of their standing, shall preside at all meetings and discharge all the duties of the President in her absence.

Clause 3.—The Secretary shall keep a regular record of the proceedings of all meetings of the Association; she shall notify members by mail of all regular and special meetings, and conduct the correspondence of the Association.

Clause 4.—The Treasurer shall take charge of all moneys, collect all dues and pay only such bills as are countersigned by the President.

ARTICLE No. 4.

The regular annual meeting of the Association shall be held during May at the General and Marine Hospital, Collingwood. The regular meeting shall be held from 3 to 5 p.m. on the 1st Thursday of every month.

ARTICLE No. 5.

Graduates of the Collingwood General and Marine Hospital Training School for Nurses, in good standing in the profession, are eligible for membership—application for membership to be sent to the Secretary, and by her presented to the Association.

ARTICLE No. 6.

Clause 1.—The annual dues shall be one dollar (\$1.00), payable not later than August 1st. The initiation fee shall be one dollar (\$1.00), payable to the Treasurer on admission.

Clause 2.—No member shall hold office or vote at the annual meeting who is in arrears to the Treasurer.

ARTICLE No. 7.

Honorary members may be elected by a two-thirds vote of the members at any general meeting of the Association.

ARTICLE No. 8.

Each member of the Association shall sign the Constitution to signify her acceptance of the terms of membership, and her willingness to be bound by its provisions.

ARTICLE No. 9.

At any meeting of the Association four (4) members shall constitute a quorum, and three (3) members shall constitute a quorum of the Executive.

ARTICLE No. 10.

This Constitution may be altered or amended at any annual meeting of the Association, or by any special meeting called for the purpose, provided notice of the change proposed be mailed to each member of the Association at least ten (10) days before said meeting.

BY-LAW No. 1.

The order of business at meetings of the Association shall be:

- (a) The meeting shall be opened by prayer.
- (b) Roll Call.
- (c) Reading of Minutes.
- (d) Reading of Bills and communication of Treasurer. |
- (e) Report of Board.
- (f) Report of Committees.
- (g) Elections.
- (h) Miscellaneous business.
- (i) Adjournment.

BY-LAW No. 2.

The Executive shall meet when called together by the President or by any three (3) members of the Board. The Secretary shall send notice of such meetings to each member of the Board.

LIST OF MEMBERS.

Honorary.—Mrs. Lett, Patroness; Mrs. Bassett, Hon. Member; Mrs. Arthur, Hon. Member; Miss Morton, Hon. Pres.

Officers.—Miss Redmond, President; Miss Knox, Vice-President; Miss Robinson, 2nd Vice-President; Miss Jenkins, Secretary; Miss Carr, Assistant Secretary; Miss Morrison, Treasurer.

MEMBERS AND DATE OF GRADUATION.

Carr, Miss Jennie, 1901; Cottrill, Miss Phœbe J., 1906; Dawson, Miss Ethel, 1900; Doner, Miss Laura, 1903; Graham, Miss Ethel, 1903; Jenkins, Miss Lizzie, 1902; Knox, Miss Mary, 1897; Klink, Miss Bertha, 1905; Ford, Miss Mary, 1905; Morrison, Miss Grace, 1902; Morton, Miss Gerald, 1905; Moore, Miss Annie, 1905; McEwen, Mrs. Jennie, 1900; Redmond, Miss Maud, 1900; Robinson, Miss Mary, 1905; Wilson, Miss Eta, 1905; Baker, Miss Ella, 1906; McBride, Mrs. Isabel, 1906; Cranston, Mrs. C., 1902; Munroe, Mrs., 1903.

**TWO SUCCESSFUL ANSWERS FROM THE POST-CARD
PRACTICAL POINTS COMPETITION OF "THE
BRITISH JOURNAL OF NURSING."**

FOMENTATIONS.—Instead of wringing these out of boiling water, a good plan is to steam them in an ordinary potato steamer over a saucepan of boiling water. If requiring frequent changing one or more can be steamed together, and kept hot by the side of the fire. As regards heat and moisture, such fomentations are quite equal to those wrung out in boiling water.—J. R. MOLLISON, 11, MANOR PLACE, EDINBURGH.

A METHOD OF CLEANSING HEADS.—A most successful and sure remedy is oil of sassafras. Soak the head with the oil and cover with jaconette and calico cap. Let these remain on for from eight to nine hours, then comb the hair with a small comb, and give a good shampoo afterwards. The oil of saasafras not only destroys the vermin but the nits also, and therefore prevents further development.—ELLEN GIBBS.

Hospital and Training School Department.

OUR SUBSCRIBERS WILL CONFER A FAVOR UPON US BY REPORTING AT ONCE IF THE CANADIAN NURSE IS NOT IN THEIR HANDS BY THE FIRST DAY OF EACH MONTH. ADDRESS ALL COMMUNICATIONS, "THE CANADIAN NURSE, TORONTO."

MISS ALLINE was in Montreal last week.

MISS SHAW, assistant superintendent of the Jeffrey Hale's Hospital, Quebec, spent Christmas in Montreal with her family.

MISS RANSOM, graduate of the Jeffrey Hale's Hospital, Quebec, has been appointed night superintendent of that institution.

DR. A. H. GORDON gave a very interesting lecture on infectious diseases to the members of the M. G. H. Nurses' Club last month.

MISS M. VERNON YOUNG (M. G. H. Club), who has been nursing in Quebec for some weeks, spent New Year's at her own home.

MISS PENTLAND, lady superintendent of the Montreal Homeopathic Hospital, has gone to Quebec for a few weeks. Miss Pepper, her assistant, is in charge of the hospital during her absence.

THE Sherbrooke Protestant Hospital was originated by R. W. Heneker, D.C.L., LL.D., and a building fund was started in 1888. A charter was obtained from the Government of the Province of Quebec, which defined the intents and purposes of the hospital to be "The admission and care of sick persons without distinction of race or creed, the granting relief to persons requiring the same from sudden accidents and the giving of medical advice and medicines to the poor, all subjected to such regulations as might be determined by by-laws." After sufficient money was collected the hospital was built and furnished, and was opened for the admission of patients in June, 1896. The hospital has twenty-seven beds, seventeen in the public wards and ten in the private wards. A few years after the hospital was opened a Nurses' Home was built. The grounds are large, comprising about ten acres, being situated on a height of land overlooking the city. Since the opening of the hospital 2,245 patients have been received, and 1,050 operations performed. The patients admitted are not confined to the city of Sherbrooke, but come from all parts of the Eastern Townships, and from across the line. Two pleasant sun parlors, opening off

the two public wards, have been added to the hospital. The operating room has been thoroughly renovated and a complete sterilizer was given to the hospital a year ago. The hospital nursing staff in 1896 consisted of a Lady Superintendent and two nurses. In 1906 there is a Lady Superintendent, an Assistant Superintendent and eight nurses. The three years' course is compulsory. Sixteen nurses have graduated from the school in the ten years and nine months in which the hospital has existed. Miss Houghton, a graduate of Montreal General Hospital, is Superintendent, and Miss Lawrence (M.G.H.), Assistant.

MISS B. ROSS, of Chatham, spent the Christmas holidays in Kincardine.

MISS ADDA THOMAS, of Chicago, is visiting relatives in Chatham, Ont.

WE are glad to hear that Miss Thorpe, T.G.H., has been back on duty for some weeks.

IN our last number the name of Miss Sewrey was inadvertently mis-spelled Souris.

MISS L. MAYNARD, of the Public General Hospital, Chatham, Ont., is visiting at her home in Essex.

MISS L. KELLY, of Watford, is visiting Miss Kennedy, superintendent of the Public General Hospital, Chatham, Ont.

MISS E. KIDD, graduate Stratford General Hospital, and Miss Switzer, of the same school, are doing private nursing in Port Arthur.

MISS ELIZA KILBURN, graduate V. P. H., Fredericton, succeeds Miss Bolton as matron of Carleton County Hospital, New Brunswick.

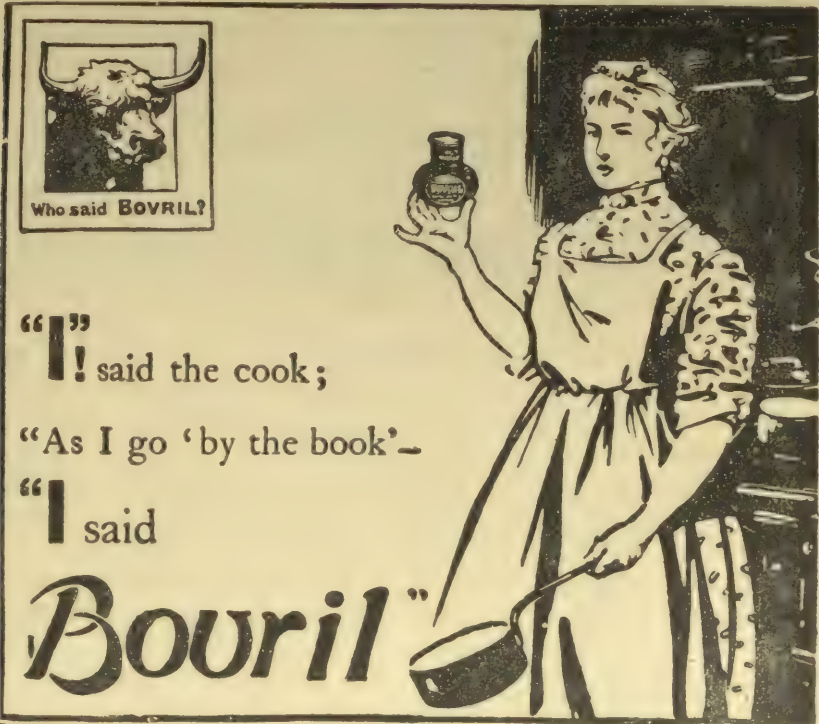
MISS BRACKEN, who has been graduate assistant in the Dauphin General Hospital, spent a short holiday in Grandview, Man., in November.

MISS MARGARET WORONICH and Miss Edith Ogilvie, of Riverdale Hospital, have returned to New York, after a month spent visiting friends in Toronto.

MISS ISABEL LIKELY, V. P. H., Fredericton, returned from Highland View Hospital, Amherst, N.S., to spend Christmas with her parents at Marysville, N.B.

MISS LILLIAN WHITLAW, Riverdale Hospital, has completed her post-graduate course in the General Memorial Hospital, New York, and visited her home in the city at Christmas time.

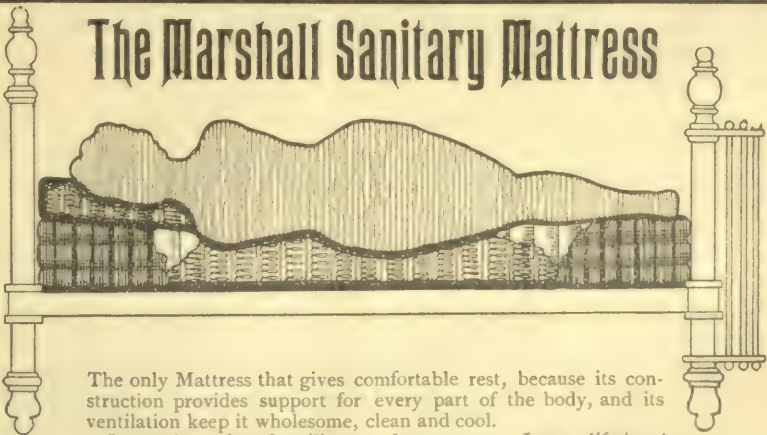
MISS NELLIE ATKINSON, graduate G. & M. H., St. Catharines, who has been doing missionary work in Central Africa for a number of years, is at her home in Burtch, Ont., on furlough.



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 "As I go 'by the book'—
"I said
Bovril"

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MISS MARY PEPPER, graduate of the Lady Stanley Institute, class 1906, has been appointed assistant superintendent in the Homeopathic Hospital, Montreal.

MISS BAKER, one of the recent graduates of the Collingwood Hospital, has been ill with typhoid fever. Her friends will be pleased to hear she has recovered and is convalescing at her home.

Miss Hance, graduate of Victoria General Hospital, London, Ont., and Miss Edith Rayside, graduate of St. Luke's, Ottawa, left, December 29th, to join the staff of the Hospital, Indian Head, Sask.

MISS SARA H. GRIFFITHS, of London, has been appointed to the important position of Superintendent of the Alexandra General and Marine Hospital, Goderich. Miss Griffiths is a graduate of the Royal Victoria Hospital, London.

DR. EDWARD HASELT, Resident Medical Officer, Provincial Royal Jubilee Hospital, Victoria, B.C., has contributed to the *Outlook* an important article on British Columbia Hospitals, which is favorably commented on by the *British Medical Journal*.

THE new superintendent of the Niagara Falls Hospital is Miss Annie Hayhurst, a sister of Sergeant Hayhurst, of the gallant 13th, of Bisley fame. Miss Hayhurst holds diplomas from four London hospitals, and was one of the army nurses who accompanied the Canadian contingent to South Africa.

A CHARITY ball in aid of the General Hospital was given in the Town Hall, Dauphin, Man., in November. It was a great success both socially and financially, the proceeds amounting to over \$300.

THE matron and the nurses of the Victoria Public Hospital, Fredericton, N.B., entertained their friends in the new Asa Dow wing of the hospital. The wing has been recently renovated and improved, and is now ready for patients.

MISS WARNICA, graduate St. Michael's Hospital, Toronto, after six months' work in St. Joseph's Hospital, Port Arthur, has resigned, and gone to her home in Gravenhurst for a month's rest, after which she will take up private nursing in Toronto.

MRS. JOHN MCCOLLUM (nee Maye C. Hyde) held her post-nuptial reception in Dauphin, Man., in November, after which she left for her prairie home on "The Ranch." Mrs. McCollum looks well after her trip abroad.

THE Alumnae Association of the Lady Stanley Institute, Ottawa, held its fourth annual meeting, Wednesday, December 5th. The following officers were elected: President, Miss M. K. Gallaher; First Vice-Pres., Miss McColl; Second Vice-Pres., Miss Snow; Sec.-Treas., Miss Scovil; Directors, Misses Gallaher, McColl, Snow, Scovil, Robinson and M. Johnston.

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MISS LAWSON (T.G.H., 1906) has received an appointment as head nurse at the Gravenhurst Sanitarium.

MISS CARRIE BOWMAN (T.G.H.) has received the appointment as Lady Superintendent of the hospital, Portage La Prairie, Man.

MISS LUCY HURLBURT (1905, T.G.H.) was recently appointed Lady Superintendent of the Freemasons' Hospital, Morden, Man.

MR. AND MRS. HONEYWELL, of Hunter River, P.E.I., have removed to Cevallos, Cuba. Mrs. Honeywell (Mrs. E. B. Bryans) is a graduate of the T.G.H.

MISS EMMA VEALE (Kingston General Hospital, '96) has just been appointed superintendent of the Cottage Hospital, Grand Forks, B.C.

MISS FLORENCE McBRIDE, the new superintendent of the General Hospital, Battleford, Sask., is a graduate of the Winnipeg General Hospital ('06).

MISS VERA WHITNEY, graduate of Victoria Hospital, London, Ontario, Class of '05, is very ill with typhoid fever at Grand Traverse Hospital, Traverse City, Mich.

At the last meeting of the Alumnae Association of the Royal Alexandra Hospital, of Fergus, Miss McDowell, of Drayton, was appointed correspondent for THE CANADIAN NURSE for 1907.

IN the last number of THE CANADIAN NURSE we stated that Miss M. R. Macdonald, superintendent of the Victoria General Hospital, Halifax, had resigned. We are pleased to be able to say that Miss Macdonald has been persuaded to reconsider her decision, and will remain for at least six months longer.

THE marriage of Miss Grace Bolton, graduate V. P. H., Fredericton, and lately matron of Carleton Hospital, to Mr. Charles Richards, B.A., principal of Carleton County Grammar School, took place on New Year's Day at the residence of the bride's brother, Moncton, N.B.

THE regular monthly meeting of the Alumnae of the Collingwood G. and M. Hospital was held on the first Thursday of the month in the Board Room at the Hospital. The meeting was only fairly well attended, many nurses being employed in private duty, and unable to attend. The usual business was transacted, and a paper read by Miss Morton, Superintendent of the Hospital. We are glad to give a good report of our Alumnae in Collingwood. The nurses are taking a keen interest, and have made an effort to attend the meetings. Much credit is due to the doctors, who have all, in their turn, lectured, and also to Miss Morton, whose great interest and kindly judgment has made her assistance invaluable. We are much pleased with our CANADIAN NURSE, and indeed thankful that it has become monthly, and extend congratulations to the Editor and staff in their marked success.

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THE MINISTERING ANGEL

CHRISTMAS week was, as usual, a scene of great festivity at all the hospitals. Christmas trees and Christmas entertainments were the order of the day, and no one was forgotten. In Ontario Dr. R. W. Bruce Smith made a pilgrimage to nearly all the hospitals within reach and seemed to enjoy the proceedings more than anyone else.

THE usual monthly meeting of the Riverdale Hospital Alumnae Association, Toronto, was held on Thursday, January 10th, at which there was a good discussion on the benefits of post graduate work, led by Miss Sawyers, and arrangements were made for the annual meeting on February 7th.

MISS MACDONALD, lady superintendent of the V. P. H., Halifax, and her nurses were "At Home" to their friends on Tuesday evening, November 27th. The guests, numbering over one hundred, spent an enjoyable evening. Besides the attractive programme of dancing, games etc., there was a violin solo by Miss Gastonguery and a vocal solo by Miss Covery, a pupil nurse.

THE graduating exercises of the Class of 1906, Belleville General Hospital, were held at the hospital, Thursday evening, November 1st. Those who received diplomas were: Miss Helen P. Fötterley, Morrisburg; Miss Lila M. Morrison, Lindsay; Miss Martha I. Morrison, Elmvale; Mrs. Edith E. Foster, Belleville. The exercises were of the usual order, the nurses being addressed by Drs. Gibson and Mather. The diplomas were presented by Mrs. L. M. Youmans, president of the Woman's Christian Association and Hospital Board. Dr. Bruce Smith, Inspector of Hospitals, was present and gave a most interesting address.

GRADUATION ceremonies took place at the Sarnia General Hospital on January 2nd, and a large audience assembled to enjoy an instructive address by the Hon. W. J. Hanna, Provincial Secretary, and to listen to the interesting report of the superintendent, Miss Clarke. During the last ten years the Sarnia General Hospital Training School has sent out forty-six graduate nurses. Eleven are engaged as private nurses in Sarnia, ten as private nurses in the United States, three as visiting nurses in Detroit, one in evangelistic work, four are in hospital positions, five are married, and one of the number died; the remainder are private nurses in different parts of the province. The names of the graduating class are: Miss Mary E. Galloway, of Oil Springs; Miss Sophie L. Curtis, of Delta; Miss Mary H. Morrison, of Elmvale; Miss Margaret R. McDonald, of Courtright, and Miss Annie Taylor Brandon, of Moorefield. Music and other excellent addresses added to the pleasure of the occasion. Mr. Thomas Kenny, on behalf of the Hospital Board, presented each of the young ladies graduating with a twenty dollar gold piece, a gift that was greatly appreciated.



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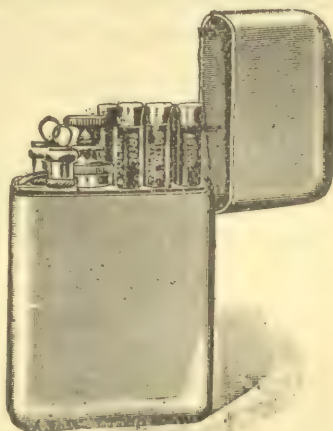
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WE regret very much to announce that Miss Smedley, superintendent of the Toronto Western Hospital, is suffering from a serious attack of typhoid fever.

MISS R. S. KING, a graduate of the Boston City Hospital, and Miss L. S. Bovell, a graduate of the Chester County Hospital, Westchester, Pa., have just begun a poultry farm at West Toronto Junction. Both these ladies are connected with old Toronto families, but were born in the West Indies. Our readers, we know, will find this an interesting piece of news. Fresh eggs are a great desideratum to the trained nurse, both for herself and her patients.

THE Alumnae Association of Toronto General Hospital held its regular meeting on Tuesday, January 8th, when an address was given by the Rev. Canon Welch, of St. James' Cathedral, on "The Development of Character." The speaker dwelt on general education, technical training, and the gradual evolution of character through years of discipline and inward action. This process, always going on, finally results in an influence which we cannot measure, and which we possess, whether we will or no. The speaker concluded by impressing on his hearers that all ideal character looked Christwards.

MISS PEMBERTON, of Windsor, N.S., during her brief stay in Toronto, visited the General, the Children's, Riverdale and other hospitals, and called at the Central Registry. She was entertained by Miss Christie and other nurses, and we hope she will soon come back to Toronto. By invitation of the Editor, she was present at the conclusion of the meeting of the Publication Committee at the moment of transition to the management of the new Editorial Board of THE CANADIAN NURSE. Miss Pemberton is a true Canadian. She was born in British Columbia, trained in the W. G. H. of Montreal, and afterwards took post-graduate training at Edinburgh, Burnley and Liverpool, holding positions of trust in various important hospitals.

As usual, Christmas brought good cheer to the patients as well as to the nursing staff of the Victoria General Hospital, Halifax. Every effort was made by various churches to bring as much homelikeness as possible to the poor sufferers away from home. The Quinport Road Baptist Church provided a very elaborate Christmas tree, which particularly enchanted the little sick boys and girls, and one little Russian Jewess, who could not speak one word of English, was made as happy as possible with seven dolls. The Y. M. C. T. U., in connection with the First Baptist Church, provided flowers for the adult patients who had no friends. Christmas letters and cards were sent by Miss Kellogg to the patients and staff.

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**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

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Dr. Heinrich Wolf, of the Imperial Universities of Vienna and Prague, Austria, and for a number of years assistant at the Hydratic Clinics of Prof. Winternitz, Vienna, and the clinics for internal medicine of Prof. Nothnagel, Vienna, has become a member of the staff of instructors at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Incorp.), 1711 Green Street, Philadelphia. Dr. Wolf will lecture and demonstrate on the subject of Hydro-Therapy.

ON December 13th the nurses of St. Joseph's Hospital, Port Arthur, spent a very happy evening. Early in the evening, accompanied by their friends, they had a most enjoyable sleigh drive, given them by their superintendent, Miss L. Regan. Returning from that, they were entertained by Mrs. W. F. Fortune in her own home, where a very dainty supper was served. The event of the evening was the presentation to Miss Warnica, who had been one of the nursing staff for the past six months, of a handsome ring. Addresses were given by members of the medical staff, expressing deep regret at the departure of so popular a nurse. Miss Warnica is a graduate of St. Michael's Hospital, Toronto, and during the short time she spent in Port Arthur has endeared herself to all. She will be greatly missed by the sisters and nurses and by the many friends she has made in both towns.

ON December 19th the Toronto Nurses' Social Club held its second meeting in Court Room No. 1 of the Temple Building. The Christmas season interfered with the attendance, but we who were present enjoyed a great treat, as the Rev. Mr. Welch, of the Bible Society, gave his lecture on "Mark Twain." Many examples of the humorist's style were given, but especial stress was laid upon the punctilious honor of the man, as shown in the giving up of his fortune to pay the debts of the firm of which he was but a sleeping partner, working until he had paid off every cent of the debts and then starting life again at sixty-four as a poor man. He and Sir Walter Scott furnish us with such examples of honor as to make us all want to live better and higher lives. Mr. Davis sang two solos, which were much appreciated. A vote of thanks was proposed by Mrs. Yorke, and seconded by Mrs. Greer, which was carried by a standing vote. Miss Brent, the chairman of the Club, being absent in California, Miss Bowerman took the chair. One matter of business concerning the appointment of representatives of the outside nurses upon the Central Registry was left over until next meeting, which will be addressed by Mr. J. Ross Robertson, who will give a "Travel Talk."

AN association of graduate nurses has been formed in Vancouver, and several successful meetings have already been held. Vancouver is making such rapid strides towards importance that it was time for the nursing profession to have some definite organiza-

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tion. At the instance of Miss Morrison, former graduate of the Vancouver General Hospital, a preliminary meeting was called, to which about twenty-four graduate nurses responded and promised their help in forming the association. A definite constitution was drawn up, in which the objects are stated to be: (1) The advancement of the interests of nurses; (2) the promotion of union and good-feeling among the members; (3) the protection of the public against ignorant attendants of the sick. There is a registry in connection with the association at the Victorian Order Home, Davis Street, where the meetings are held, by kind permission of the committee. Dr. Gillies, late of Montreal, has already given an interesting lecture on "Bacteriology," and other members of the medical profession have kindly promised to help in a similar way. Any graduate nurses visiting Vancouver are asked to make themselves known to the association. The secretary is Miss M. A. Ellison, 660 Granville Street, Vancouver.

At the meeting of the Central Registry Committee, on January 7th, the Registrar's report showed the membership to be 228, with five applications to consider. Calls for December, 119; personal, 23; registry, 96; amount in bank, \$302.58; due from unpaid fees, \$230. Two nurses resigned to accept hospital positions, Miss Kate Sullivan, at Lakeside Hospital, Cleveland; Miss Raymond, head nurse of the surgical wards, at Hackley Hospital, Muskegon, Mich., and one, Miss Flood, a graduate of the Johns Hopkins Hospital, who was married in December to Mr. Harry McLaren, of Hamilton. It is our sad duty to record the death of one member, who was only added to the list two months ago, Miss Sutton, a graduate of Harper Hospital, Detroit, who died suddenly in St. John's Hospital, on December 28th. The members of the Registry may secure History forms from the Registrar after January 15th at very reasonable rates. Address, 644 Spadina Avenue, Toronto.

It is now three and a half years since the first attempt was made to establish a training school for nurses in Newfoundland. Last November the first set of nurses at the General Hospital, St. John's, sat for their final examination, and we are glad to say that eight nurses have been successful. We hope those first nurses will stay with us to assist in the work of training new probationers, instead of launching out into private work on their own account. Our new wing, which will necessitate the doubling of our present staff of nurses, is well under way, the foundation being completed before the frost set in, and everything put in readiness for the spring's work. The Superintendent's house, to be connected with the hospital by a covered way, has got as far as the roof, and it is hoped to have it ready for occupation in the spring, when the present residence will be remodelled to form part of the Nurses' Home. During the summer we had the honor of a visit from Lady Grey, who was staying at Government House.

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| 398. Tucked and embroidery bib and shoulder pieces, skirt tucks and insertion of embroidery, yoke band, sashes, size 38 x 40 inches. Sale Price | .60 |
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| 404. Heavy Blue Check Gingham, plain with 1 1/2 inch hem on bottom, size 38 x 40 inches. Sale Price | .20 | | |
| 405. Heavy Blue Check Gingham, with bib and shoulder straps, fancy border on skirt, size 38 x 41 inches. Sale Price | .35 | | |
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and came with Lady and Miss MacGregor to see the hospital. They went into every ward, and their attention being specially drawn to a case of a fine young man paralyzed from a fall of ore in a mine, and shortly to be sent home as incurable, their sympathy took a very practical shape. After returning to Ottawa, the Countess sent to Lady MacGregor a sum of \$325, to be used for his relief and for any other similar case. On December 27th a tea and concert were given to the patients by the members of the Cowan Mission. This mission was formed in 1891, in memory of a former matron of the hospital. The ladies who compose it visit the hospital in turn every week, and bring the patients gifts of books, fruit, etc., have a chat with each one and help considerably to brighten their lives. This year they served a most delicious tea in each ward, preceded by a concert in the men's surgical ward, which was attended by all who were well enough to enjoy it. Each patient, as well as each member of the staff, received a Christmas gift. At the end of the evening the nurses who had gained their certificates received them from the Superintendent. These were four in number, *viz.*, Lizzie Redmond, Lizzie Blackmore, Jessie Swyers, Madge Cullian. The other four nurses who have passed all their examinations did not receive their certificates, as they have yet some months of their three years' course to finish. Lizzie Redmond received a prize for taking the first place in the medical nursing examination, and Jessie Swyers for the first place in the surgical nursing examination.

THERE being no maternity ward in connection with the Ottawa General, nor any of the other hospitals in the city, arrangements were made to permit the nurses, in turn, to take a three months' course at the Ottawa Maternity Hospital. Before the opening of the Ottawa Isolation Hospital in 1903, the first class received their training in St. Ann's Isolation Hospital, in charge of the Sisters of Charity. The three years' course covers a wide range, including, as it does, lectures on the different subjects by the members of the medical staff, class work in theory and practical work by the Superintendent, besides the clinics given by the House Surgeons from time to time. Prospects are bright for the formation of an Alumnæ in the near future. The graduates keep in close touch with their Alma Mater, and are frequent visitors. Those residing in the city very often avail themselves of the cordial invitations to attend the interesting lectures of the medical staff.

THE eighth year of the Youville Training School, in connection with the Ottawa General Hospital, has begun under very favorable auspices. With a bright staff of fortythree nurses the work has been entered upon with good will, and the most satisfactory results are expected. Since its fortunate opening in 1899 many great changes have taken place. The first class of five sisters and ten nurses worked bravely under the superintendentship of Miss Hughes, to overcome the numerous obstacles which presented them-

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Brooklyn, New York City.



selves in the course of their training. Miss Banks accepted the position of Superintendent after the resignation of Miss Hughes in 1900, but occupied it only a short time, being succeeded by Sister Mary Alice, the present Superintendent. Nine sisters and twenty-nine nurses have graduated since its establishment. The sisters all occupy positions in the various hospitals of their order throughout Canada and the United States. As for the nurses, one of the first class gave up her life in the pursuit of her duties during an epidemic of typhoid in Sault Ste. Marie. Miss O'Connor holds the position of Superintendent of the Ottawa Isolation Hospital. Of the others, four fill hospital positions, three are married, one has joined the Victorian Order, and the remaining nurses have been most successful in private duty.

It is doubtful if many readers of THE CANADIAN NURSE know that there is such a place as Hazelton, B.C., but in a few years Hazelton hopes to be near, if not on, the main line of the new Grand Trunk Pacific Railway. Six years ago Dr. Wrinch was sent by the Methodist Church as medical missionary to the Indians of Hazelton district. At that time the white population was small, but has been steadily increasing ever since. For some time both white and Indian patients were received in Dr. Wrinch's own house. Two years ago Hazelton Hospital was opened. It is a wooden building, prettily painted green, containing twenty rooms besides an attic and furnace cellar. This year the finances permitted improvements in the shape of the installation of a complete system of water works, and disposal of sewerage on the septic tank system; also an acetylene gas plant, and the addition of ice house and store house. The staff consists of the medical superintendent, a graduate nurse in charge, with two assistants, one in the housekeeping department and one in the nursing. Also a boy for the out-door department; for the patients have what are considered in Hazelton real luxuries, fresh eggs, vegetables and milk. There is also the char-woman, Jenny, a Huguilget Indian, the envy of the village, because she works for the white people at the "sick house." The Indians make very good patients, doing what they are told, and taking their treatment without objection. Indeed the worse the medicine the more they appreciate it. They are particularly fond of mag. sulph., which is laid in stock by the barrelful. Contrary to what one might imagine they make very poor subjects for anaesthesia. There is no other hospital nearer than two hundred miles, and to the south, north and east, none within many hundred miles, so that many of the patients, especially white patients, miners and others, travel many miles. Some have walked upwards of two hundred miles, others ridden on horses and others still more helpless have been carried on stretchers. In winter, mails only reach the hospital once a month, and then mainly letters; very few periodicals or papers get through. From October to May there are classes for the nurses, Clara Weeks' text-book on nursing being used. Lessons are also

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MRS. MARY S. FOY, Superintendent

given in anatomy and materia medica. This year the nurses are taking up cooking, using as text-book "The Boston Cooking School Cook Book." The scenery around the Hazelton Hospital is very beautiful, surrounded on all sides by snowy-capped mountains, some near and some in the far distance, while as for climate it is second to none. Miss Bone (gold medalist of Grace Hospital, Toronto) is Head Nurse in this interesting hospital. During Dr. Wrinch's recent visit to Toronto Dr. Rolls filled his place.

MISS BRENT, Superintendent of the H.S.C., Toronto, has just returned after a brief but delightful holiday in California.

As we go to press, invitations are being issued for the opening of the new Nurses' Residence of the Hospital for Sick Children, Toronto, on February 5th. It is expected that Miss Henderson, R.V.H., Montreal; Miss Meiklejohn, L.S.I., Ottawa; Miss Goodrich, of New York; Miss Palmer, of Rochester, and a number of other distinguished guests, will be present.

THE Canadian Nurses' Association of Montreal have been quietly but effectively working for the incorporation of their Association in Quebec. Their Bill is now ready, and their lawyer assures us that he has good hope of its passing the Quebec Legislature during the present Session. We shall watch its progress with the greatest interest and hope for its success.

ON Wednesday, January 16th, Mr. Frank Yeigh gave a delightful Illustrated Travel Lecture at the regular meeting of the Toronto Nurses' Club, in the Temple Building, on "Twentieth Century Canada." The pictures were so interesting and the lecture so inspiring that everyone who heard it congratulated herself on being present. The attendance is increasing, but many who would enjoy the meeting do not yet know what they are missing.

BIRTHS.

CORNWALL.—On December 18th, 1906, to Dr. and Mrs. B. Cornwall, of Williamsville, N.Y., a son. Mrs. Cornwall is a graduate of the G. & M. Hospital, St. Catharines, Ont.

HAMMIL.—To Mr. and Mrs. J. Hammil (nee Foster), Indian Head, Sask., a daughter. Mrs. Hammil is a graduate of the G. & M. Hospital, Saskatoon.

MARRIAGES.

DOUGAN—SLIPP.—On December 19th, 1906, at Fredericton, N.B., Blanche Slipp, a graduate of the V. P. Hospital, Fredericton, was married to Dr. B. Hayes Dougan, of Harvey Station, N.B. Dr. and Mrs. Dougan will reside at Harvey Station.

CHIPMAN—SHEARER.—At the residence of the bride's father, Brockville, Ont., Helen Shearer, graduate of the Lady Stanley Institute, Class 1905, to Dr. W. Chipman, Delta, Ont.

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The Nurse's Library.

The Australasian Nurses' Journal, the journal of the Australasian Trained Nurses' Association (Sydney, N.S.W.), for November 15th, has just reached us, and contains, among other good things, a lecture by Dr. Fiaschi, on "The Various Wines Used in Sickness and Convalescence."

The Nurse's "Enquire Within." Under the above title the *Scientific Press* (London, Eng.), publishes a compact little book, written by a nurse, for "those in charge of the sick, whether trained nurses, or those who are called to attend the sick without previous training." It contains information on many points, and will, we think, be of most use to the second class above mentioned.

Messrs. Burroughs, Wellcome & Co. (London, Sydney and Cape Town) have published in connection with the great B. M. A. meeting of 1906 a book containing "Historic Notes and Canadian Medical Lore." In so doing they have done no little service to us all. This is a unique and valuable memento of the meeting.

The Combined Treatment of Diseases of the Eye. By G. HERBERT BURNHAM, M.D. (Tor.), F.R.C.S. (Edin.). London: H. K. Lewis. 1906.

Dr. Burnham's original and highly successful mode of treatment is well known to many of our readers. Much satisfaction has been expressed by the medical profession at the appearance of his book, which has attracted considerable attention.

A Preliminary Report Concerning the Construction of Hospitals for Children. By DR. C. P. EMMERSON, of the Johns Hopkins Hospital, Baltimore. 1906.

Dr. Emmerson is one of these rare persons who does everything well, and this valuable treatise, modestly called a "Preliminary Report," is no exception to the rule. To prepare it, he visited children's hospitals in ten different countries, and the result is an extremely valuable compend of information about everything connected with children's hospitals. It was undertaken for, and presented to, the managers of the Harriet Lane Home for Invalid Children, of Baltimore City.

Cupid and the Candidate. MRS. LEEMING CARR. Toronto: William Briggs.

So many interesting things happen nowadays that one can scarce find time to enjoy them all. Never before, it would seem, have so many real Canadian books—good Canadian books—appeared. But now it comes nearer home. Not a nurse but will feel a thrill of pleasure and pride to hear what a good story has

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just been published by a Canadian nurse, Mrs. Leeming Carr (Kate Anderson, T.G.H.). We are not going to spoil the story by trying to tell it in a few words, for you, dear reader, want to read it yourself. Suffice it to say that love, politics, wit and home life are all found in this book. We are proud of the effective and sensible way in which the author both reveals and rebukes the corruption in Canadian politics, of which we are all ashamed, and which we all wish to see abolished.

ASK any woman of 55 whether she can do as much with money now as she could when she was 25. Her answer should convince Nurses that the earning years of life should be the saving years. Perhaps no financial institution has given so much thought to the subject of Women's Savings as has the Crown Bank of Canada. Every day there is the same maxim in the papers—"Save while you are able to earn!"—though twisted into different forms. This Bank has done everything it can think to induce women to look upon their earnings as seriously as men do upon theirs, has opened a special Women's Room at 34 King Street West, in order that Banking may be made easy for the uninitiated and comfortable for those who understand it: employs women officials and is training them to become expert Bankers, asks you personally to use this room and to deposit your earnings in the Savings Department connected with it

A SHEET ANCHOR IN PNEUMONIA.—Two years ago I began to use Antiphlogistine in the treatment of pneumonia, and it has proved my "sheet anchor" ever since. My custom is to make daily applications, and by using it in this way I am able to hold the disease in check. Antiphlogistine reduces the inflammation without reducing the patient's strength, and owing to its many virtues is strongly to be recommended as an adjunct in the treatment of pneumonia. A few cases follow:

Mrs. D.—A woman with a tubercular diathesis, was stricken with pneumonia of the right lung, December 4th, 1905. Antiphlogistine and the cotton jacket were used as in the preceding cases. I discontinued my calls in twelve days, after a complete cure.

Mrs. S.—Was called February 22nd, 1906, and found double lobar pneumonia. Applied Antiphlogistine hot, then daily until the eighth day, when the crisis was passed. Antiphlogistine was of inestimable assistance in this case.

Mr. A., 45 years old.—I first saw the case April 22nd, 1906; found a double lobar pneumonia, with pleurisy of the left pleura. I at once applied Antiphlogistine as hot as could be borne, and used it daily for twelve days. On the sixth day the evening temperature registered 105.8 degrees. The temperature dropped by lysis, and he made a good, although slow, recovery.—*By S. W. Umstott, M.D., of Hagerstown, Md.*

The Canadian Nurse

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No. 3

THE NURSING SISTER IN THE CANADIAN MILITIA.

About three years ago a very important addition was made to the militia of Canada, when there were added to the establishment of the militia a certain number of nursing sisters. The Canadian nurses who had gone to South Africa had in every way upheld the honor and credit of the militia, and it was felt right that they should be recognized as part of that organization, and a regulation was established whereby nursing sisters became part of the medical corps of the militia.

The establishment authorized was twenty-five, and they were given the relative rank of lieutenant in the Army Medical Corps, with the pay of two dollars and twenty-five cents a day, and allowances of that rank. This pay was of course to be only for those days that the sisters were actually employed. When the Dominion Government assumed charge of the large garrison at Halifax, with its military hospital of one hundred and twenty beds, the want of female nursing was at once felt, and two nursing sisters were added to the establishment of the Permanent Army Medical Corps. Miss Georgina Pope, Royal Red Cross, and Miss B. Macdonald were appointed to the positions. Both these ladies had served with distinction in South Africa.

If it ever should unfortunately happen that Canada was involved in a war, or if at any time the services of the Canadian forces were needed for the defence of the Empire, nursing sisters would form an important part of these forces. Preference for employment would of course be given to those already holding commissions in the Army Medical Corps. The importance of skilled nursing even in the advanced hospitals on the field is now recognized more strongly than ever from the experience in South Africa, and it is of the utmost importance that preparations should be made during the time of peace for what might occur during the time of war.

G. C. JONES,

Lt.-Col. D.G.M.S.

THE HEAD NURSE AND HER PATIENTS.

In the relation of the head nurse to the patients, there is afforded ample scope for the practice of many of the highest womanly virtues. Not only will her attitude toward them have a decided bearing on the comfort of the sick, but her example and influence on the pupil nurses will be far-reaching in its effects. To the patients, and to the general public, the head nurse stands in the relation of hostess, and from her will be expected the same courtesy, the same thought for the comfort of her household, as would be given by a lady to a guest in her private home. In the manner of receiving patients, there is room for improvement in many hospitals. Head nurses can help much by rightly impressing patients and their friends at the very beginning of their hospital experience; by showing them in numberless indefinable ways, that the institution is a place in which the Golden Rule is practised: by teaching the nurses of whom they are in command, to give special attention to the latest arrival, the bewildered, depressed stranger in their midst. Too often, the entrance of a patient is a most mechanical performance, To the nurse, she is one more individual in the never-ending procession passing through the halls of pain, one more patient to write orders for, one more on the diet-list, one more bed filled or one more room occupied, that is all. To the patients, it is one of the momentous experiences of life, an experience dreaded, protested against as long as protests availed. Preceding the coming to the hospital has been, probably, the parting from friends, visions of dreadful possibilities, the shrinking from committing themselves to strange hands. But to the nurses, she is simply "a case," qualified in some instances by the word "accident" or "fever," or by the name of the attending physician as "Dr. A.'s new case" "or Dr. B.'s operative case." But whatever the qualifying term used the patient is a "case," his individuality, or his state of mind at that time, apparently being of very little consequence.

A few sympathetic reassuring words would mean more at that particular moment perhaps, than at any other time in his life, but, if the head nurse is too busy to speak them, if she has not trained her nurses to think of them, they will not be spoken. It is not enough that she teach nurses, that the clothing of a new patient must be listed and put away, that his temperature must be taken and a bath given at the earliest opportunity: she ought to remember to put herself in the stranger's place, to teach her nurses that to allay the unspoken questionings and fears is as important as the mechanical work to be performed for the patient, and can be done quite naturally in connection with it. To tell a patient at the trying period of entrance, for instance, that nearly everybody who comes here gets well, that everyone will do everything possible to

ensure a good recovery, that he will like the hospital when he gets over the strange feeling, may mean the difference between peace of mind and mental distress. The neglect of such details, does not always mean an absence of kindly feeling, but rather a thoughtlessness on the part of the head nurse that is deplorable. The very existence of the hospital, reflects the desire of its founders and supporters and trustees, to minister to human distress and bring comfort to the sick. It remains for the head nurse to interpret in the truest manner possible, the real spirit of the institution. To neglect it, is to show clearly that she has a very imperfect understanding of the patients and their human needs.

It is needless to say that a firm, kind manner, a quiet dignity must be maintained in all the intercourse with the patients. There is a tendency on the part of some pupil nurses who are by nature more talkative than others, to talk more than is desirable to patients, to "visit" with them, and neglect other important and pressing duties. This tendency needs to be carefully watched and checked wherever manifested. A bright, cheerful, tactful, happy manner with patients is greatly to be desired in all nurses, but, there is a danger always present, of thoughtless nurses neglecting to notice the border line between cheerfulness and familiarity, or mistaking when their duty to one patient ends and their duty to another begins. One of the common failings of pupil nurses, is to neglect answering a call from one patient because they happen to be busy with another. There are perhaps, few things, which are more frequently complained of in hospitals, than the neglect to answer bells, and nurses in general are only too prone to excuse themselves on plea of being "busy." An important part of their training ought to be the development of their ability to attend properly to the wants of a number of patients and keep all satisfied, to be busy with one and not neglect the other. There are nurses, hosts of them, who will be a success if given one patient, and a failure, or nearly so, if given two or three. Much, however, can be done by training in developing ability along this line, a line on which the good reputation of a hospital frequently suffers. Who is there, that is not familiar with the time-worn complaint of the patient who rang his bell for a half hour, more or less, for a drink of water and then had to go without it. That very circumstance, trivial as it may seem to the nurse, weighs powerfully against the patient's friend coming to the hospital when a need arises.

Apart entirely from the discharge of the professional duties, or the treatments for individual patients, abundant opportunity is afforded for the head nurse to touch helpfully, the inner lives of the patients. It may safely be inferred, that many an adult comes to the hospital bringing with him, in addition to the physical disease, a burden of anxiety which may often be lightened by tactful management. A head nurse who knows how to listen helpfully to the recital of the troubles of her patients, has gone a long way to-

ward gaining the confidence, without which no head nurse can do the best for a patient. While many sick people make heavy demands on a nurse's stock of patience, the same is true, and perhaps in a greater degree of the patient's friends. With them, as with the patient, much may be gained by establishing proper relations at the beginning, and by a little tactful attention at the right time gaining their confidence. From them, valuable information bearing on the patient's condition or peculiar tastes, may be secured. If the head nurse can succeed in getting a patient's friends to come to her with any complaint or grievance, instead of carrying the tales of trouble to the office, or pouring them into the physician's ear, or recounting them to friends outside, she has earned the gratitude of several people. This she will rarely succeed in doing, unless she takes pains on the entrance of a patient, to impress the friends with her genuine interest in, and sympathy for the subject of their particular solicitude. If the neglect complained of is real, the patient's friends should be assured that all possible precautions against its recurrence will be taken and that real neglect will not be tolerated. If explanations are to be made, the head nurse is the person to make them. In nine cases out of ten, a tactful head nurse can adjust the patient's difficulties better than any other person, since she is in immediate command of the situation, and it is presumed thoroughly understands it. To remove all ground of complaint and keep things running smoothly, with easily ruffled, petted, or unreasonable people, calls for a fine display of tact and resourcefulness.

There is another point in dealing with a patient's friends that needs to be handled sensibly, sympathetically and carefully,—a point in which much will depend on the nurse's judgment. To say that a disease is to have a fatal termination, that the end is rapidly approaching, and that the patient's friends should be notified, may not be her sole responsibility, but it is one which she must share. She is the person who will perhaps be the first to notice alarming symptoms, and while the raising of unnecessary alarm should be guarded against, it is infinitely better to summon the friends unnecessarily, than to have the end come without having notified them that it was expected. This will happen in the best regulated hospitals sometimes. Sudden changes will come that are as much a surprise to the people in the hospital as to the friends outside; but no failure of the hospital is criticized more than the neglect of this one point of duty. It is one of the hardest things to forgive and will rarely be forgotten if it is forgiven. It will be told and re-told in an attempt to prejudice others against the hospital long after the patient's name is forgotten in the institution.

Another delicate matter with which head nurses will often have to deal, is the incompatibilities of disposition which arise between patients and nurses. When a patient takes a strong dislike to a nurse, it is as a rule, no use to reason with him. Some adjust-

ment must be made. It may seem an injustice to the nurse to remove her when she is apparently honestly doing her duty, and trying to satisfy, but in reality it is a greater injustice to keep her in charge of a patient, who, because of his dislike, will certainly misrepresent her, and if he is in a ward, will incite others to complain. Incompatibilities of temper and disposition occur very frequently even with people in health, and with individuals who have much to divert their attention. It is, therefore, not to be wondered at, that they frequently occur with the sick, with whom mistaken magnitudes are very common. It is never a good plan to argue with the patient who has taken a dislike to a nurse or who frequently complains of her, or to try to convince him that his grievances are imaginary. Then he will be certain that he has at least one real grievance, and that the head nurse has no sympathy with him. Let him understand that it is taken for granted that there has been ground for complaint, that the matter will be looked into and corrected. There are ungrateful, unappreciative people, and will be till the end of time, people who would try the patience of an angel. There will be nurses, while hospitals last, who will give cause for complaint wherever they may be placed, while at the same time they may commit no flagrant misdemeanors, and may do fairly well with some patients. Many disagreeable patients ought to be firmly dealt with by the head nurse, and often the mere calling their attention to their unreasonable demands, or to their conduct, will work a happy change for all concerned.

In a general hospital where no distinctions are made because of creed or color, situations calling for a high degree of tact and good judgment will sometimes arise when the question of creed or color has to be met. No woman with strong racial prejudices, is well fitted for institutional life. A broad, general sympathy with the aims and objects of the institution, and with the entire class of patients for whom it was designed, is an important requisite in a head nurse.

The religious beliefs of patients are subjects with which no head nurse has a right to interfere, nor should any levity regarding the forms and ceremonies used by any sect, be permitted among nurses. Complications regarding diets prescribed or forbidden by certain sects will occur, and must be met with a broad sympathy and tolerance. Few things will arouse more gratitude on the part of a patient than a practical expression of sympathy with his religious beliefs, when he knew the nurse was not of same belief. It is undoubtedly trying to have a patient's breakfast postponed till a certain rite has been administered, it is trying to admit clergymen at unseemly hours when perhaps the morning sweeping is in progress, or treatments of various kinds are going on. But we are not in the business merely to please ourselves, and when such things do occur, they must be met with courtesy and patience and ready assistance. Such occasions to a patient in a hospital mean more than we can readily realize.

The daily life in a hospital affords unexcelled opportunities for the study of character. If it be true that "the proper study of mankind is man," then the head nurse has certainly a splendid opportunity to engage in proper study.

CHARLOTTE A. AIKENS.

JUST A LITTLE BIT ABOUT PERSIA.

In leaving home for hospital work in a country as far away as Persia it seems natural to dwell on what one is leaving behind, the rest seems so uncertain; every nurse knows the charm of hospital life, where one has everything to help her in the battle with disease and the routine is a pleasure, but where no two days are ever alike, excepting that they are filled with possibilities. But when you leave the spot where you have been anchored for some years, and turn your face towards a work some three months' journey away, you would perhaps, as I did, begin to put together an imaginary building, filling in little details, as you advanced on the journey, till you had a distinct picture of a something, but oh, how unlike the reality.

We left England on the fourteenth of February, 1901, and crossed to Marseilles. From there we sailed through the Mediterranean and the Black Sea, spending one never-to-be-forgotten day at Constantinople, and touching many other places before reaching Batoum, then across country to Baku, and a few days on the Caspian, and we were landed at Peri Bazaar. With a very curious feeling we realized that we were on Persian soil, and really amongst the people that we had come out to help. How they stared, and how they jabbered, at least it seemed so to us. However our travelling servants had met us and we were soon on our way, first by boat and then by carriage to Resht, but I had almost forgotten, first of all we had our breakfast, for it was early. They brought us into a most beautiful orange grove, and we sat under the trees. Our breakfast consisted of native bread, which we, who were new, could hardly eat, but over which my friend, who had been ten years in the country exclaimed joyfully. It really is very like a large, rather thick pancake. With it we had eggs, and coarse salt, and tea, mostly sugar, and with no milk, but of course the oranges helped.

Then came our three days' drive to Teheran, when we just had an hour to rest each time they changed the horses, and we slept (?) and ate in the carriages. Two weeks later we were driven in to Isfahan, and we realized with thankful hearts that we were "at home" Unless one has travelled in Persia, and slept night by night in caravanserais, with donkeys, mules and camels, camping just outside your open door, it would be impossible to thoroughly appreciate the first night in a comfortable room, the luxury of being able

to go to sleep without the feeling that you must be up early to pack again for the road, to say nothing of the joy of cleanliness. Still after all the journey out was nothing to the journey home, with its long four and a half weeks' of caravaning, or riding day by day on mules.

I have wandered on and on about the journey so that I am afraid there will be little space for hospital life, but it would take many pages to tell of the medical work in Persia. When I first went out both the men's and the women's hospitals were in Julfa among the Armenians, and three miles away from Isfahan. Ours, (the men's) was a curious old building, very unsuitable and much too small for the work, but for years there had been splendid work done in it, and many a happy day has been spent in that old building by us all, and better still many a patient has found Jesus Christ there. Once for some weeks we had about fifty patients lying on the floor, for the work grew rapidly and we were thankful that the way seemed open at the same time for us to build hospitals in Isfahan, where we always wanted to be, and now we can take in one hundred patients and the "women's" sixty, and we find the work very much easier: indeed we are so proud of our new buildings, that we often wish that our home friends could visit us. Many things would surprise them, and perhaps some day I may tell you something about "our patients." One great difference is that instead of having nurses, we have to train the men and boys, Armenians and Persians, to do the work. Some of them are splendid and we appreciate their patience with some of the awful cases, which one never sees at home. Ours is a Church Missionary Society Hospital, and I can only say that from my experience in Persia, I can hardly imagine a happier life than that of a medical missionary.

HENRIETTA MCKIM.

REGISTRATION OF NURSES.

It is an old saying that there are two sides to a story, and so in the matter of registration for nurses there are also two sides,—those who are benefited being on one side and those who are adversely affected on the other.

1.—*Those who are benefited.*—The public, the doctor and the nurse in the order in which the proportion of benefit is conferred. The public has a guarantee that the nurse employed, if she is registered, has taken a course in a reputable hospital and has passed a standard examination. This is not a guarantee that the nurse has all the virtues which are supposed to make up the perfect nurse any more than that every doctor who receives the license to practice, is a first-class doctor, or that every lawyer who graduates is a Supreme Court judge in the making. But in each case the public has the guarantee that a certain amount of theory and practice has

been received. There need then be no more tales of women posing as nurses in the sick room with the lives of the patients in their hands, but no other characteristic of the nurse than the uniform, which so often deceives the patient's friends, until it is too late to save a precious life.

As for the doctor, the same argument holds good. When he gives his orders he knows that if he is employing a registered nurse he may expect his order to be carried out, and if she is negligent or unfit for her work he can have recourse to the law.

The nurse, especially the graduate from the large, influential school, or the one who already has a large practice, has the least to gain personally, except in so far as she is interested in the welfare of the profession. The nurse from the smaller hospital will have a higher standing as the question asked concerning her will be, "Is she a registered nurse?" rather than, "Where did she graduate?" The nurse from the special hospital will benefit in that her school in order to register will have to guarantee a certain standard of training or make such arrangements with other schools that the graduates may have the requisite amount of training.

2.—*Those Who Will be Adversely Affected.*—The small or special hospital which cannot come up to the standard will suffer as it will be unable to get the nurses upon whom it depends for its existence, and to whom it owes an immense debt. However, registration will be a blessing in disguise to it, if it is impelled to raise its standard, as its credit in the neighborhood will be much increased.

The nurse who calls herself a trained nurse falsely will feel herself injured, but if she will be content to nurse under her own colors, no one will prevent her. Let her remember that honesty is the best policy.

The Correspondence Schools and the hospitals giving a short term of training will, however, suffer, as their graduates find they cannot compete with other nurses. This will affect these schools financially, and so we find them ready in some of the States of the Union to fight the nurses' registration bills, even if many thousands of dollars are required for the contest.

"The greatest good to the greatest number" being a rule in economics, how shall we answer this question of registration for nurses? Can there be any doubt? LUCY BOWERMAN.

As sunshine brings out the flowers and ripens the fruit, so does cheerfulness—the feeling of freedom and life—develop in us all the seeds of good, all that is best within us. Cheerfulness is a duty we owe to others. There is an old tradition that a cup of gold is to be found wherever a rainbow touches the earth, and there are some people whose smile, the sound of whose voice, whose very presence seems like a ray of sunshine to turn everything into gold. —Sir J. Lubbock.

MATERIA MEDICA FOR NURSES.

We are sometimes told that the higher education of the nurse will not tend to make her more efficient in her chosen work, but will produce an anomalous something which is neither doctor or nurse. It rests with each one of us to show the doubter that there is no need for fear. No well trained nurse will step out of her own sphere into that of the physician, no matter how high she may climb on the stair of knowledge. She will see, like Emerson, that there are "stairs above her, many a one which stretch upward and out of sight." No fear of her thinking that because she knows something about drugs and their action that she is therefore fitted to prescribe. She knows full well that her work is the administration of the medicine, not the prescribing of it. And yet if she is to be an efficient helper to the physician and co-operate intelligently with him, it is very necessary that she should know what she is giving and what results to watch for. To quote Miss Dock, "she should learn to read prescriptions, and recognize the most important ingredient or ingredients contained therein, and ascertain by arithmetical process the exact amount of such ingredient contained in each dose." She must also take into consideration idiosyncrasy, the cumulative action of certain drugs, toleration, custom and habit. Of course the doctor has already reckoned with all of these, but in his absence he depends on his lieutenant, to note and report symptoms arising from any or all of these conditions. The very best training in this, as in other branches of her work, is not too much to ask of the woman who undertakes the care of the sick.

What is written of the history of medicine, covers a period of between three and four thousand years. The nineteenth century has been an era of wonderful progress in every branch of medical science, but we must remember that the years which went before were years of preparation, when a few earnest students struggled for light amidst dense ignorance and appalling superstition. The ancient Egyptians were famous for their pathological knowledge, as witness their science in embalming, which must have embraced a wide knowledge of antiseptics as well as anatomy. Dr. Stafford in his "History of Medicine" tells us that it was in Hindustan that the sister science of chemistry had its birth. Certainly the medicinal use of iron, arsenic, mercury and antimony among the Hindoos, dates from a very early period. We are told that they also prescribed gold, silver, even diamonds and pearls, for internal use, which must have been rather expensive for the patient.

The story of how the Cinchona tree, from which we get quinine, got its name, is interesting. The Countess of Cinchon wife of the Governor of Peru, was ill with a fever. Day after day, week after week, found her still a sufferer. We know nothing of her physicians, but are morally certain she labored under the disadvantage of having no trained nurse to minister to her, no R. G. N. to stay

her soul upon. In spite of these drawbacks, however, relief came. One of the Court officials, hearing of her illness, came to see her, bringing with him a decoction of the bark of a tree found on the slopes of the Andes, the medicinal properties of which had long been known to the Indian of South America. This produced a cure, and thus was introduced to the civilized world the Cinchona tree, ever since known by the Latinized name of this Spanish lady. It is a pleasant thought that the underlying principle of all the progress of medical science has been a desire to help suffering humanity. To quote again from Dr. Stafford's book: "Whether it be Susruta in sunlit Hindustan, treating a child for the venom of a serpent, Machaon on the field of Troy, binding poppy leaves on the brow of a wounded hero, or Harvey before the College of Physicians at London, explaining the circulation of the blood for the first time, or the brilliant surgeon of to-day, standing in the crowded hospital theatre in the midst of an operation, where life and death lie closely touching opposite sides of his shining knife." We find the same desire to relieve pain, the same spirit of compassion. The fact that so many of these men have died in poverty, after having made discoveries that will benefit mankind till the end of time, shows how little they profited from a worldly standpoint therefrom.

So much has been written to nurses on all branches of their work that there seems to be nothing left to say on the subject of giving medicines. The most exquisite cleanliness in the matter of the utensils used for this purpose, brightly polished glasses, a pretty d'oyley on the tray, a bit of ice to take after a specially disagreeable dose, are a few of the details which will suggest themselves to the resourceful nurse. After a period of comparative disuse we find castor oil being prescribed by many physicians, and especially by obstetricians. Most of us were taught to give it in whiskey. But whiskey is objectionable to so many patients that we find it a good plan to give it in half a glass of ice-water, pouring the oil gently into the centre, where it remains in a mass. Of course, it can be given in capsules, but most patients find them hard to swallow. Large powders, or those with a disagreeable taste, are usually now given in cachets of rice paper. The problem of giving medicines in pill form or as tablets or in capsules, to delirious patients is one which must have met most of the nurses present, the difficulties of which are not realized by many physicians. The writer well remembers her experience with one such patient, who was ordered pills containing calcium sulphide, one every hour. The pill was frequently found partly dissolved and giving forth a most vile odor, either in the patient's mouth or in the bed, some half hour after it had been given, and that in spite of the fact that from half a glass to a glass of water had been given after it.

We will pass now to the consideration of a few—and only a few—of the newer medicines which come into use in the past few years. Most of these are synthetic; that is, made by the chemical action of one drug on another, as, for instance, salicylic acid is

made by treating a solution of carbolic acid in caustic soda with carbonic acid. If, however, you find a prescription calling for salicylic acid (natural) you will know it is the preparation made from wintergreen berries and not the synthetically prepared drug that is required. The natural salicylic acid has not been very long in use, but is supposed to be more effectual than the other.

Among the hypnotics we find *Chloretone*, made by the action of caustic potash on chloroform and acetone. Dose gr. v. to xx.; also given as an anti-emetic. (This is a preparation of chloral).

Methylal, derived from alcohol, produces a sound sleep, but of short duration; given in cases of insanity and delirium tremens. Dose m. v., repeated once or twice.

Somnal is a combination of chloral, alcohol and urethan. Has proved very satisfactory as a hypnotic. Dose m. xv-xxx.

Veronal is a very efficient hypnotic. It is especially effective in neurotics. Its influence in some cases of hysteria is wonderful. Best given in hot milk. Dose gr. ix.-viii.

Urethan, made from carbonic acid and ethylic ether. Not certain in its action and not very much in favor as a hypnotic. Dose, grs. x.-lx.

Pyramidon is prepared from anti-pyrine. Its effects are said to be more lasting than those of anti-pyrine, as well as milder. Dose, gr. iii. to x.

Ferropyrine, *Ichthalbin*, *Triferrin*, *Iodoformogen* and *Diuretin* are German preparations from the Laboratory of Knoll & Co., at Ludwigshafen, and are being used to a considerable extent here.

Ferropyrine is a haemostatic, and is used in haemorrhages from the nose, throat, stomach, alveoli of the teeth, etc. Used in a twenty per cent. solution or as a dusting powder.

Ichthalbin—Used as an intestinal disinfectant in tuberculosis, enteritis and in skin diseases.

Triferrin—A preparation of iron and phosphorus.

Iodoformogen is, as its name implies, a preparation of iodoform, but is said to be odorless. Has proved of special value in treating various kinds of ulcers.

Apiol is a new remedy, derived from garden parsley. Useful as an emmenagogue.

In *Ergoapiol*—We have it combining with ergot.

Asnirin is a salicylic compound, and is used in lumbago and pleurodynia.

Tussol, derived from anti-pyrine. Used in whooping cough.

Tropococain, an alkaloid from a variety of cocoa, is a local anaesthetic.

Scopolamine, as we are told in a late issue of CANADIAN NURSE, has been used in conjunction with morphine, hypodermically, before operations, with somewhat doubtful results.

Salophen is a specific in cases of influenza, headache and acute rheumatism. Dose, gr. xv.

JULIA STEWART.

THE MARIA LOUISA ROBERTSON HOME FOR NURSES.

The opening of this beautiful Home, a description of which appeared in our last number, took place on Tuesday, February 5th, 1907, at four o'clock in the afternoon, a reception being given, at which were present the Lieut.-Governor of Ontario and Mrs. Clarke, the Speaker of the Ontario Legislature and Mrs. St. John, Mrs. W. J. Hanna, Professor Goldwin Smith and Mrs. Smith, Messrs. John Ross Robertson, Geo. A. Cox, Charles Cockshutt and John Flett, trustees of the Hospital for Sick Children, Toronto; Miss Brent, Lady Superintendent, and a number of superintendents from other hospitals; Dr. Reeve, Mr. Irving Cameron, and many other members of the medical profession, friends of the Hospital and the general public. The ceremonies were simple and impressive.

Mr. John Ross Robertson, in his opening address, after briefly narrating the steps that led to the building of the Residence, said: "Turning the matter over in my mind I decided that the best way out of the difficulty was to offer this building as a free gift, and as a memorial of her who was with me in the beginning of my Hospital work, nearly thirty years ago.

"Let me say that if ever there was a long-felt want it has been a residence of this kind.

"I have heard it suggested that the housing of our nurses has been overdone, that their surroundings in their new residence are not in keeping with the simple life, which everybody talks about, and nobody enjoys.

"The nurses in their long days and longer nights of duty, in their hours of study and attendance at bedsides, follow the simple life—the simple life of hard work and duty that leads along the path of help and mercy.

"The demands upon these young women in their work are inflexible, and like the laws of the Medes and Persians, are not to be changed.

"We can do nothing to shorten the daily round or lighten the task of these young women.

"They come to us from good homes, and give three years of their young lives without recompense or material reward, to help this Hospital in its ministry of mercy to the children of poverty and pain.

"I say that the Hospital can do nothing to reduce the labors of these nurses, but this building represents an effort to do something to increase their comforts.

"The best that can be done is none too good for these nurses. There is no nobler type of womankind even in this land of noble women.

"I know that the Hospital will get its reward for what has been done under this roof to surround the students of our School of

Nursing with healthful and sanitary conditions of life that will build up their strength and send them away from the Hospital in health as good, or even better, than the health which was one of their qualifications when they entered our service."

The legal formalities were then despatched, the seal of the Hospital was attached to the deed of gift, and Dr. Goldwin Smith at Mr. Robertson's request declared the building open, in the following words:

"I have the honor and pleasure of declaring this building open, with God's blessing on the purpose for which it is intended.

"I must say a few words in hearty congratulation on the opening of this noble mansion, which has been erected through the beneficence of my good friend, and also to those who will here carry out their benevolent mission of ministering angels to the sick and suffering in an age when all is not so pure and beneficent.

"For the money we accumulate we are accountable to God and our own souls.

"Too much money is wasted, culpably wasted. Many have wasted their money in sensual pleasure, to the disgrace of those who so abuse it.

"Wealth has also been made by the most honorable means, such as the establishment of an independent and honorable journal in this city, and none has been more nobly used than that of my friend."

The following address, beautifully illuminated, was then presented to Mr. Robertson by Miss Nichols on behalf of the nurses.

"The nurses of the Training Home of the Hospital for Sick Children wish to convey to you on this memorable occasion an expression of their unbounded gratitude and appreciation for the princely gift of this Nurses' Residence, with its uniquely complete and luxurious appointments. They feel that it is not only the nurses of this school who will be benefited by your generosity, but that sooner or later the nurses of the world will feel the impulse of your munificent gift."

Mr. Robertson having made a brief and suitable reply, a basket of flowers was presented to Mrs. Robertson by Miss Ross, also a bouquet of roses to Miss Brent by Miss McClure and a bunch of Richmond roses to Mr. Robertson by Miss Josephine Hamilton, the first graduate of the H. S. C., on behalf of the Alumnæ.

The guests then dispersed to inspect the building, every part of which was found perfect, and afterwards partook of refreshments in the dining-room, where the graduates and under-graduates were most kind in waiting upon them.

The festivities concluded with a dance for the nurses which was held at the Home on the evening of the next day, and was very successful and enjoyable.



MISS GEORGIE HALES, a graduate of the Long Island College Hospital, Brooklyn, N.Y., leaves early in February to open the Lady Minto Hospital in Melfort, Sask. This hospital will accommodate fifteen patients and employ two Victorian Order nurses.

THE Lady Minto Hospital at New Liskeard will also open in the spring. This is a twenty-thousand-dollar building, with accommodation for thirty-five patients. Will employ at least three Victorian Order nurses and start a training school.

MISS GREENE, a graduate of the Sick Children's Hospital, and of the Victorian Order Home, Toronto, will take up the district work in London, Ont., the end of February. Miss Greene replaces Miss Selina McLean, who resigns.

DURING 1906 the hospital at North Bay cared for 118 typhoid cases, and the hospital at Regina for 53.

Extracts of letter received from Miss Mayou, dated December 30th, '06:

We did not get our Christmas letters until Friday, for the *Portia*, our fortnightly mail boat, which should have been here on Monday, was delayed by excess of freight, passengers and the ice. Before she could get in here she had to cut her way for a quarter of a mile through ice thirteen inches thick. It was strange to see her fast in the ice, surrounded by teams of barking, quarrelling dogs, harnessed to sleds, waiting for the freight to be lowered on the ice for them to take away. The children of St. Anthony Harbour had their entertainment on Wednesday, 112 children and parents, to make 150 in all. We gave them a gramophone concert, then Father Christmas and a tree, each child, thanks to the generosity of kind friends in Canada, the United States and England, had a present, a bag of candy and a rock cake.

We had hoped to be able to furnish seventeen other trees to places within a radius of forty miles, thereby giving pleasure to

our 600 children, but, our stock of toys and presents being too limited some will have to be left out. The toys go first by dog-sled, and the clothing goes later, as Father Christmas is on his home trip, also drawn by dogs. Mr. Cushing, a volunteer expert electrician from Montreal, who is here for this winter, has a very good Victor gramophone, which adds very much to the entertainment.

I hope the Canadians will give generous support to the Harrington Hospital. I should like to make it a great centre, and might accomplish something if I stayed there for four years, as I should like to do. If I had a good supply of books and magazines I could start a lending library, books of adventure, travel, natural history, natural elementary science, biography, historical works, religious works, a few sermons, Sunday school library works, etc. I should like to be able to lend fifty at a time to neighboring settlements, to be kept for a specified time and then exchanged for another set. I should like to have sewing classes to start cutting out and making garments for both women and children, and if I could get someone having a good magic-lantern with representative slides, to devote one evening every two weeks to an illustrated lecture, they could learn so much, and their interests could be so broadened in that way. Do you know anyone in Ottawa or elsewhere who would help us with a magic-lantern, musical-box or gramophone, or all three, and who would give us presents for a tree for next Christmas? We are so isolated there and have such a short season of communication with the outside world, just from June to the beginning of October, that anything sent would have to be in Halifax by the end of August.

I have twenty-eight in my sewing class; some are getting on well. I am giving them, on Wednesday, a gramophone concert, a corn-popping; they have never seen corn popped, cocoa and cake; they are looking forward to it with great delight. The Government has lent Mr. Cushing two complete telegraphic outfits, so telegraphy has been added to the subjects taught. The classes are getting on well.

Some of the expressions used by the natives are most peculiar, and almost need an interpreter.

Fizzy bun (cake with raisins in).

The gown is broke (the nightgown is torn).

Tommy carried the milk and wasted he (spilled it).

A randy (a short ride in a komatik).


A cruise (a long ride on a komatik).

It is very difficult here to feed patients who ought to have liquid diet; they do not like, because unaccustomed to, any nice things, and crave as George, a poor lad with tuberculous peritonitis does, for "strong food and fizzy bun," meaning tea sweetened with molasses salt, pork and pickled beef or horse and brooze, which is hardtack boiled with melted pork fat over it, and they pine until they get it. Bovril, jelly, custard, milk you have to administer as medicine, and really force down.

The
Guild of



Saint
Barnabas

“Je le pansay ; Dieu le guarit.” [I tended him ; God healed him.] 
—Ambroise Paré.

MONTREAL, JANUARY, 1907.

We have this month completed the ninth anniversary of the Montreal Branch of the G.S.B. Thanks to our chaplain, we have during the last year increased our number of services, adding a celebration of the Holy Communion once a month in each of the large hospitals, which overcomes the difficulties that some members find in keeping their rule of monthly Communion; and also an afternoon service.

The Canadian District held its fourth Council meeting on the 17th of this month.

As District Superior, I look forward to having branches all over Canada. I will gladly answer any letters addressed to me on the subject. It is important to remember, now we have become a district, that we are not a small independent community, but members of a large body, having its centre in England and spreading out its arms throughout the Colonies. I was in London last summer and able to go to the annual service on St. Barnabas Day. The Chaplain-General gave an “At Home” in the afternoon, and at 7 p.m. we had a beautiful service at St. Alban’s, followed by supper and speeches in the Town Hall, Holborn. It made my heart throb to see about 350 nurses present, in varied uniforms of black, brown, grey or blue, with here and there a touch of scarlet, on the military cape of the army nurses, and to hear the *Te Deum* sung heartily by one and all. Naturally my thoughts went out to our Guild in Canada, and I tried to recall each name and face in our branch—here lies the strength of our Guild. The loneliest and most isolated of our members is not forgotten. She is with us in spirit, and we with her, united by a spiritual bond to Christ and to each other.

ANNIE STIKEMAN.

216 Drummond St., Montreal.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.

—Sir Walter Raleigh.

THE art of living may be displayed in many ways. It is to be summed up in these words: "Make the best of everything."—SMILES.

THE world would be brighter and better if our teachers would dwell on the Duty of Happiness as well as the Happiness of Duty, for we ought to be as cheerful as we can, if only because to be happy ourselves is a most effectual contribution to the happiness of others. Life must be measured by thought and action, and ought to be, bright, interesting, and happy.—SIR JOHN LUBBOCK.

REMEMBER SUCH A ONE.—"If you know anyone whose lot it has been, by writing or by word of mouth, in some degree to help you thus to live, if he has told you what you knew about yourselves, or what you did not know, has read to you your thoughts and feelings, and comforted you by the very reading, has made you feel that there is a higher life than this daily one, and a brighter world than that you see, or encouraged you, or sobered you, or opened a way to the enquiring, or soothed the perplexed, if anything he has ever said or done has made you take interest in him or feel well-inclined towards him, remember such a one in time to come though you see him not, and pray for him that all things he may know God's will and at all times be ready to perform it."—

CARDINAL NEWMAN.

From a sermon on "The Parting of Friends."

IF there be some weaker one,
 Give me strength to help him on;
 If a blinder soul there be,
 Let me guide him nearer Thee.
 Make my mortal dreams come true
 With the work I fain would do;
 Clothe with life the weak intent,
 Let me find in Thy employ
 Peace that dearer is than joy;
 Out of self to love be led,
 And to Heaven acclimated,
 Until all things sweet and good
 Seem my nature's habitude.

JOHN G. WHITTIER.

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Editorial.

CANADIAN ARMY MEDICAL SERVICE.

LIEUTENANT-COLONEL GUY CARLETON JONES, Permanent Army Medical Corps, has been appointed Director-General of the Army Medical Service, Canada, vice Colonel Fiset, D.S.O., who has been appointed Deputy Minister of Militia and Defence. The new Director-General was educated at King's College Hospital, London. He served in South Africa with the 10th Canadian Field Hospital, and received the medal and three clasps, the brevet of Lieutenant-Colonel. He is Honorary Surgeon to the Governor-General of Canada.

Lieutenant-Colonel Jones has already shown deep interest in the nursing branch of the Canadian Army Medical Service, and we feel sure that under his regime as Director-General we shall see a great advance in this service.

POST-GRADUATE WORK FOR NURSES.

Among those who stand at the head of the nursing profession no topic, except perhaps registration and legal recognition of the profession is more absorbing than that of Post-Graduate work. We have frequently been asked by nurses for advice as to opportunities for Post Graduate work and we have made a special endeavor to bring it before them in the pages of this magazine, where particulars will be found as to such work in The Presbyterian Hospital, Chicago; Minton Hospital, New York; and the House of the Good Samaritan, Boston. We now wish to direct special attention to a new field for post-graduate work which has just been opened by the enlightened and far-seeing policy of Miss Goodrich, General Superintendent of the Bellevue Hospital Training School for Nurses. Bellevue and its allied Hospitals make up a great Hospital System which includes Bellevue (probably 1,000 beds), the Fordham Hospital, Harlem Hospital and others. This field is an ex-

tensive one, providing as it does for the Hospital requirements of no inconsiderable part of Greater New York, with its millions of people. Not only is it extensive, but it will be thoroughly organized so that nurses who wish to specialize in surgical, medical, eye and ear, gynaecological and other departments of nursing will be able to do so. This field will be available at once, and our readers, many of whom will be interested, are referred for further particulars to an announcement on another page.

THE SEVEN SUPERINTENDENTS.

Nothing in connection with the opening of the Maria Louisa Robertson Home for Nurses aroused more interest than the presence of the visiting superintendents from Canadian and American hospitals. Among the most welcome of these guests were Miss Meiklejohn, of Ottawa, Superintendent of the Lady Stanley Institute; Miss Clarke, of Sarnia, Superintendent of the General Hospital, and other Canadian superintendents. It was a matter of great regret that Miss Henderson, Lady Superintendent of the Royal Victoria Hospital of Montreal, who had also accepted Mr. Robertson's kind invitation to be present, was prevented from coming at the last moment by illness.

Another most welcome guest to Toronto was Miss Annie W. Goodrich, General Superintendent of the New Bellevue, and its allied hospitals. Miss Goodrich's reputation had long preceded her to Toronto, and many old N.Y.H. graduates and others received her with great distinction and pleasure. The other six superintendents, as it happened, were all from New York, and were all Canadian by birth. They were glad to get home even for three days and their friends at home had a warm welcome for them. They were Miss Rykert, of the Post Graduate Hospital; Miss Wilson, of St. Luke's Hospital; Miss Rogers, Superintendent of the School Nurses; Miss Samuel of the Roosevelt Hospital; Miss Smith of the Babies' Hospital, and Miss Hutchison of the Sloane Maternity Hospital.

Miss Rykert's old home is at St. Catharines, Miss Samuel's at Montreal, Miss Wilson's at Belleville, and Miss Smith, Miss Rogers and Miss Hutchison, are all from Toronto. The "Canadian Nurse" hopes all these honored guests will come back soon again to Toronto, where they will always be welcome.

A CANADIAN INDIAN HOSPITAL.

The October number of *Nurses Near and Far*, the organ of the Nurses' Missionary League, contains an interesting paper by Nurse M. Cottis, of the Dhankorabai Hospital, Nasik, India, on her work.

This Head Nurse is trying to teach her native staff to be aseptic, and her efforts are beginning to be rewarded, though at first it was very hard. The native nurses at first thought it their bounden duty to touch *everything*, and it was a great grief to them to have to take off their glass bangles, of which all natives wear at least four or five on each arm. The hospital was built in connection with the Countess of Dufferin's fund, by a Brahmin widow named Dhankorabai. It was closed for some time, and was finally offered by the natives to the Zenana Bible and Medical Mission, who reopened it two years ago. It is under the charge of the Canadian Branch of the Z.B.M.M., and our readers will therefore feel a special interest in it. Miss Harvey, the senior missionary of the Z. B. M. M. in Nasik, has great influence with the natives, who call her the "Great Mother," and remember with gratitude her good works, especially the saving of hundreds of lives at the time of the plague.

MAMAN BOTTARD.

Chevaliere de la Legion d'Honneur

On January 12th, 1841, there entered the service of the Saltpetriere, that great Paris Hospital founded by St. Vincent de Paul for insane women and for army veterans, a young girl of eighteen, engaged as a maid at eight shillings a week, named Marguerite Bottard. In this humble service she showed the powers and endowments of a true nurse—that sympathy and self-control which lead to sovereign power over others, and having showed them, she became a nurse by right, and afterwards Head Nurse and Superintendent of Nurses. Hers was a long and great career. When her jubilee arrived, the great Charcot himself arranged the ceremonies and she was presented with the Cross of the Legion of Honour. At the close of 1906, in the 85th year of her age, and in the 66th year of her service, she, "the wrinkled glory of the Saltpetriere" departed this life. The Director-General of the *Assistance Publique*, M. Mesureur, pronounced over her this noble eulogy, "All I should like is to be capable of describing the greatness, the dignity, of this most beautiful existence. I salute in a last adieu the one who enters into her rest after work so nobly accomplished."

HOSPITAL NURSES AMONG THE NOBILITY.

Among the earliest friends of THE CANADIAN NURSE was Lady Hermione Blackwood, daughter of the late great Marquis of Dufferin and Ava, and sister of the present Earl. She is Editor of the *Queen's Nurses' Magazine*, and takes a great interest in all nursing affairs. *M. A. P.* (the paper published by Mr. T. P.

O'Connor, M.P., who recently visited Canada and is well known as "Tay-Pay"), says that she has inherited some of the talents of her father, the late Marquis, and of her grandmother, the lovely Lady Dupplin, who belonged to the Sheridan family. Lady Hermione has lived a quiet, studious life, and is now a nurse at one of the London Hospitals. This recalls to mind the number of well-known women who have taken up nursing as their vocation. These include Lady Katherine Stanhope, sister to Lord Stanhope; Lady Rosalind Northcote, daughter of Lord and Lady Iddesleigh, who is also an author, and wrote "The Book of Herbs"; Lady Maud Keith-Falconer, sister to Lord Kintore; Miss Rosalinda Butler, daughter of Lord and Lady Dunboyne; and Miss Muriel Fraser, youngest sister to Lord Lovat. And Lady Marjorie Erskine, the lovely unmarried daughter of Lord and Lady Buchan, was once at the Great Ormond Street Hospital for Children. Then, Lady Griselda Cheape, aunt to Lord Airlie, used to act as nurse before her marriage, as did Mrs. Ronald Graham, daughter-in-law of Lord Dunedin, who, as Miss Evelyn Baird, helped to nurse the wounded soldiers in South Africa. Another noble nurse who might be mentioned is Lady Ernestine Hunt, daughter of the Marquess of Ailsbury, who was on duty at Krugersdorf, and also at the Dudley-Guest Hospital in Warwickshire.

GOOD FOOD FOR NURSES.

How strange that it should be necessary to mention this! We have been searching diligently for a hospital which really gives its nurses good and sufficient food and it is hard to find. If the rule obtaining in the Royal Navy obtained in our hospitals, it would work wonders. There, the officers go every now and again to the men's quarters, ask for a plate of their food and eat it. So they know. And, moreover, they have power to set right anything that is wrong.

Contracts for hospitals are frequently given out in such a way that the contractor makes his profit out of the quality of the food supplied. This is seriously wrong. The hospital steward should be a salaried official and it should be made as nearly impossible as it can be, for him to make additional profit out of his food supplies. Within the last few months, two cases of ptomaine poisoning among nurses have come to our notice, and though neither of these was in Canada, we hear that conditions in Canada are not always satisfactory. *The Ladies' Home Journal* says:—

"It is an outrage upon womanhood the way the nurses at the average hospital are fed, or, rather, unfed. Not only is this true of the average hospital, but this outrageous fact applies to seven out of every ten hospitals. . . . The work of the nurse touches

our lives in a peculiarly sensitive and intimate way. Many of us owe much to her, and the least we can do for her is to see that she gets fair play. To that she is surely entitled if any one is! But she is not getting it."

IN MEMORIAM.

Since the coming in of the year, four nurses, all well-known to many of our readers, have been suddenly summoned hence. Miss Sutton, of Harper Hospital, Detroit; Miss Sewrey, of Toronto General Hospital, and now two other graduates of Toronto General Hospital, Mrs. Cranfield and Miss Craig. Of Mrs. Cranfield those who knew her best speak in the highest terms. Her many excellent qualities had endeared her to them and her loss will be severely felt, all the more because her death was very sudden. To her family and especially to her husband, we would extend deep and heartfelt sympathy. Of Miss Craig, who was, like Mrs. Cranfield, from the very first a constant friend and enthusiastic supporter of this magazine, we speak with a sense of personal loss. She will be sadly missed in the Nurses' Residence with which she had been identified for ten years, and where those associated with her had so often cause to appreciate her thoughtfulness, excellent judgment and unselfish interest for the general good. She had helped, with hand and purse, more than one of her sisters in the profession, and she was a kind and affectionate friend, so much so that those who were most closely associated with her cannot help feeling that the Residence will never again seem the same, now that she is gone. Miss Craig was on duty almost to the last, only leaving her last patient when no longer able to discharge her duties, and but a fortnight before the fatal termination of her own illness. Miss Amy Dickson, one of her most intimate friends, accompanied her to the Hospital, and bestowed upon her the most unremitting and skilful care, but all in vain. She passed away in peace, greatly regretted. Her relatives, and above all her mother, have received many assurances of the affectionate sympathy of all who knew her.

Special Notice.—Any of our readers who can spare, or can procure for us, a copy of the January or February number of THE CANADIAN NURSE are earnestly requested to send it to us forthwith, addressed THE CANADIAN NURSE, Toronto. One thousand five hundred copies of the January issue were printed, and one thousand six hundred of the February number, but so great has been the demand that we have not a single copy available, though new subscribers are received daily. It is on their behalf that we ask this favor.

Editorial Notes.

CANADA

The Beginning of Nursing Organization.—An interesting little bit of history is given in a recent number of the *Trained Nurse*, stating that it was in their columns in February, 1889, that the idea of nursing organizations other than Alumnæ Associations was first mentioned. Among the names of Canadian Superintendents who replied to the Editor's letters there are M. Graham, John H. Stratford Hospital, Brantford; J. Duncan, General Hospital, London; W. MacMillan, General Hospital, Kingston.

Canadian Association for the Prevention of Consumption.—The seventh annual meeting of this association will take place in Ottawa, under the patronage of His Excellency the Governor-General of Canada, on March 13th and 14th, 1907, in the Railway Committee Room of the House of Commons. Nurses are eligible for membership, and we hope many of our readers will attend.

GREAT BRITAIN

The Marchioness of Londonderry.—Mary Cornelia, Marchioness of Londonderry, whose will now has been proved, bequeathed £1,000 to Machynlleth Cottage Hospital.

The Baroness Burdett-Coutts.—The death of the Baroness Burdett-Coutts takes from us a great philanthropist, who used her grandfather's immense fortune, which she inherited in 1837, for good. She was one of the first to follow in daily life the example of Christ in His treatment of the Magdalen. Homes, refuges, model dwellings, all bear her name and in distant Borneo and Turkey she did good work. She was raised to the Peerage by Queen Victoria, whose personal friend she was.

The British Journal of Nursing.—This splendid Journal now enters on its fourteenth year, being still the only weekly nursing journal in the world to be edited by a trained nurse. Mrs. Bedford Fenwick and Miss Breay have good reason to be proud of their work and of its well deserved success. A company has now been formed by trained nurses, under the name and style of "The Nursing Press, Limited," to take over the publication of the journal—another great step in advance. We sincerely congratulate Mrs. Bedford Fenwick and the Nursing Press, and wish the British journal great and continued success.

Sister Margaret Kendall.—A brass tablet to the memory of this devoted nurse has just been placed in the Chapel of the Royal Herbert Hospital at Woolwich, and was recently dedicated by Bishop Taylor, Chaplain-General to the Forces. The following is the inscription: "To the Glory of God and in loving memory of Sister Margaret Kendall, Queen Alexandra's Imperial Military

Nursing Service, who died at Wynberg, April 7th, 1906, aged twenty-nine years. Blessed are the pure in heart, for they shall see God. Erected by her fellow-workers at Woolwich."

Aberdeen University.—During the recent great celebration of the four hundredth anniversary of Aberdeen University, at which Their Majesties the King and Queen were present, it is gratifying to know that the nursing profession was not forgotten, the matrons of the hospitals and Nursing Institutions having received invitations to the reception. All the Universities of the world sent delegates, and it is interesting to know that two of these delegates were Miss Constance Jones, of Cambridge, and Miss Edith Hurlbatt, M.A., of Bedford College. Miss Hurlbatt has recently been appointed Warden of the Royal Victoria College, Montreal, and will shortly sail for Canada, where she will receive a warm welcome.

UNITED STATES

The History of Nursing.—This book, by Miss Nutting and Miss Dock, will soon be ready for publication. THE CANADIAN NURSE is so interested in it that we can scarcely wait till it is issued.

Nursing Education.—In the last number of *Charities and the Commons* is an article by Miss L. L. Dock on "Nursing Education." Miss Dock deals with the lowering both in number and quality of applicants for training schools and states that the situation may be met as Miss Mackenzie pointed out to our readers recently, by graduate appointments in Hospitals, by Hospital affiliation and by increasing the number of ward maids and other Hospital domestics for purely domestic duties.

FRANCE

The International Council of Nurses.—The Hon. Sec., Miss L. L. Dock, informs us that the plans for this meeting are developing most favorably. One of our own Editorial Board, Miss Rogers, will be there, from whom we hope to have a Paris letter when the conference meets in June.

France:—The World's Nursing Conference is announced by the Secretary, Miss Dock, to meet in Paris on the 18th, 19th and 20th of June.

INDIA

Nursing Sister Hensley.—At Dalhousie, India, after a short illness, another army nurse died in the discharge of her duty. The Commander-in-Chief, Lord Kitchener, telegraphed his regret at the loss sustained by the Nursing Service, and the Major-General commanding at Dalhousie issued the following order: "In announcing the death of Nursing Sister Hensley, Q.A.M.N.S.I., the officer commanding the station wishes to express the regret we all feel and to place on record an appreciation of her devotion to duty. No soldier that falls on the battlefield more truly dies for King and

country, and to this, in her case we may add, for countrymen in a foreign land." The funeral, with full military honors, was attended by all the officers at the station.

The Association of Nursing Superintendents of India.—This Association, founded at a conference of nurses held in 1905, has just published its First Annual Report. It now has members from the United Provinces, the Punjab, the North-West Frontier Provinces, the Bombay Presidency, the Madras Presidency and from Travancore. We offer our warmest welcome to this new Association of Superintendents of Nurses in that great and important part of the British Empire. Sometimes we wish there were an Association of Training-School Superintendents of Canada.

The Late Lady Curzon.—The lamented death of the kind Lady Curzon, of Kedleston, has deprived the nursing profession of a great and true friend. It was she who was chiefly instrumental in raising £30,000 for establishing the Victoria Scholarship for the training of the native midwives in India, who are such a blessing in many a native dwelling where no white woman even would be admitted.

The Royal Red Cross.—His Majesty the King has conferred the decoration of the R.R.C. on Miss Rachel A. Betty, Senior Lady Superintendent of Q.A.I.M.N.S. in India, in recognition of her long and devoted service there. Miss Betty was trained at St. Bartholemew's Hospital and joined the Indian Nursing Service on its foundation in 1888.

AUSTRALIA

Australian Army Service Nurses.—For the first time, all nurses of the Australian Army Service, wearing their new uniform of gray dress and red caps, went into camp, at Brisbane, where there was a Field Hospital completely equipped. There were six tortoise tents fitted up as hospital wards, each with ten beds. There was also an operating tent and six bed tents. In a separate tent were shown all the instruments, bandages, and other appliances. The nurses attended church parade on Sunday in uniform.

An Australian Standard for Matrons.—The Royal Victorian Trained Nurses Association of Australia has established a standard of qualification with certificate for matrons of hospitals.

JAMAICA

Jamaica:—An appalling catastrophe has already made the year 1907 sadly memorable. Earthquake and fire at Kingston have caused a more dreadful loss of life than even in San Francisco. A terrible fate overtook the Military Hospital, 46 of the patients in the wards perishing in the flames. Before such horrors words fail.

The Contributors' Club.

DEAR CANADIAN NURSE: From the fact that we failed last year to secure a satisfactory Registration Act, an idea seems to have sprung that nothing further will be done in that direction, and that the Graduate Nurses' Association of Ontario is a dead letter. Let me, through your pages, assure the nurses of the Province that such is not the case. The G. N. A. is just as much alive as ever, and its Executive is working steadily on: through many discouragements, it is true, but keeping always before it the object for which, principally, the association was formed. In the meantime there is work for every nurse in Ontario to do. Is your neighbor indifferent? Wake her up. Keep at her, morning, noon and night, till you are both thoroughly alive to what is going on in the nursing world. Support the G. N. A. loyally, because nothing can be done without your financial help. With that, and your interest and enthusiasm, the work of the Executive will be made infinitely more easy. Line up, sister nurses, and let each carry her share of the load, and in a short time this Province will have among its statutes a Registration Act of which we will all be proud.

JULIA STEWART,
Cor. Sec. G. N. A.

Toronto, Feb. 1st, 1907.

LOTION FOR ROUGHENED HANDS.

Glycerine.....
Alcohol.....	<i>ad gill</i> $\frac{1}{2}$
German Cologne.....
Powdered Tragacanth.....	<i>3ss</i>

To glycerine and tragacanth add one pint of rain water (melted snow or condensed steam from sterilizer will do as well); allow to stand twelve hours; then add other ingredients.

It is well to mix the above in a wide-mouthed bottle, a self-sealer for instance, as the powder sticks to the bottom of the vessel and needs to be stirred.

CLINICAL METHODS.—The advantage of teaching nurses by clinical demonstration is becoming more apparent. Besides securing, in the beginner, a uniformity in certain routine duties, it provides an opportunity for review and proficiency in correct methods for senior nurses.

A demonstration of the practical work of the nurses was given at St. Joseph's Hospital, Chatham, on January 22nd. The programme is here given of the points explained and demonstrated:—

1. Bed, Metal, Position, Height, Width, Cleaning, Care and Disinfection.

2. Mattress, Kinds, Prevention of Slipping, Cleaning, Care and Disinfection, Protective Pad.
3. Sheets (large), Size, Material, Avoidance of Seams, Folds, Etc., Under Patients, Small Slip, or Draw, Sheets, Use.
4. Rubber Protectors, Arrangement P.R.N., Care, Cleaning, Disinfection.
5. Blankets, Care, Cleaning, Removing Stains.
6. Counterpane, Use, Arrangement, Care.
7. Pillows, Kinds, Number, Shaking, Arrangement.
8. Making Beds for (1) Convalescent, With or Without Patient, (2) Surgical or Emergency, (3) Fracture Bed.
9. Use of (1) Crane, (2) Head Rest, (3) Cradles, (4) Bed Trays and Bedside Tables, (5) Blocks, (6) Air-Pillows and Care, (7) Use and Care of Hot Bottles (precautions), How Improvise Apparatus, etc.
10. Changing Sheets, Etc., Clothing of Patient, Turning and Lifting of Helpless Patients.
11. Changing Mattress with Patient in Bed.

SISTER JUSTINA.

St. Joseph's Hospital, Chatham, Ont.

Correspondence.

ALTA, Dec. 14, '06.

Editor of THE CANADIAN NURSE, TORONTO:

It was like "getting a letter from home" to receive the copy of THE CANADIAN NURSE," which, thanks to the thoughtful consideration of some "Good Samaritan," reached me a few days ago. I have pleasure in enclosing herewith one dollar (\$1.00) for one year's subscription.

Wishing the publication every success, I am,

Yours sincerely,

THE HOSPITAL, B.C., Dec. 18, '06.

To the Editor of THE CANADIAN NURSE, TORONTO:

I am always anxious to receive THE CANADIAN NURSE, for it seems to keep me in touch with my old classmates, and I agree with you that it is time Canada is having its own journal, and all Canadian nurses should try and do all they can to make it a friend.

I shall do my best for you, and if at any time I can be of any assistance to you in any way I shall only be very much pleased.

WHY SHOULD I JOIN THE O. G. N. A.?—1. In union there is strength. As a member of an association I can accomplish more than I can as an individual.

2. As a graduate of my training school, it is my duty toward it to see that it has a full share in the deliberations which are to influence nursing in this Province and in the Dominion.

3. There is a victory to be won for the cause of nursing in this country. It will be cowardly for me to keep out of the fighting ranks and only come into line to enjoy the fruits of the victory won by others.

4. If I do not like the methods of the Association, that is but one more reason why I should belong, and so be able to make my protest and help to guide the deliberations so as to produce what I consider to be for the most good of my profession.

5. If I already feel that I have nothing to gain permanently, my responsibility is all the greater to help my less favored sisters.

“To whom much is given, of him shall much be required.”

LUCY BOWERMAN.

QUEEN'S HOSPITAL, ROCK BAY, B.C., Jan 13, '06.

Editor of CANADIAN NURSES

DEAR MADAM,—I will give you a short description of this little hospital and its work. It was put up by the Hastings Mill Lumber Company, and there are ten beds. We are about 140 miles from Vancouver, and before this hospital was built the men who were sick had to go there. There is a boat called the *Cassiar*, which calls here twice a week, and, as it would often happen, the boat would only have left a short time when the accident occurred; the poor fellow would then have to wait for the next boat. The boat calls on Tuesday and Sunday, so you can see the long wait there was for medical help, besides all the extra pain to the sufferer. The loggers make splendid patients and are so grateful. We get very few women in. There are very few women on the coast, and these very scattered; our nearest woman to us lives six miles away, right up in the woods, with her husband, in a small shack. There is a lot of good work done in the hospital. The men meet with very bad accidents, and often come in quite collapsed from the long row they have had in a small boat to get here; we have a resident doctor always in the hospital and one other get them from away up North. There are a great many hand-loggers, graduate nurse and myself.

I will try and send you anything that will be of interest to
THE CANADIAN NURSE.

Very sincerely yours,

ALICE K. FRANKLIN.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Ontario Graduate Nurses' Association.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnæ Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

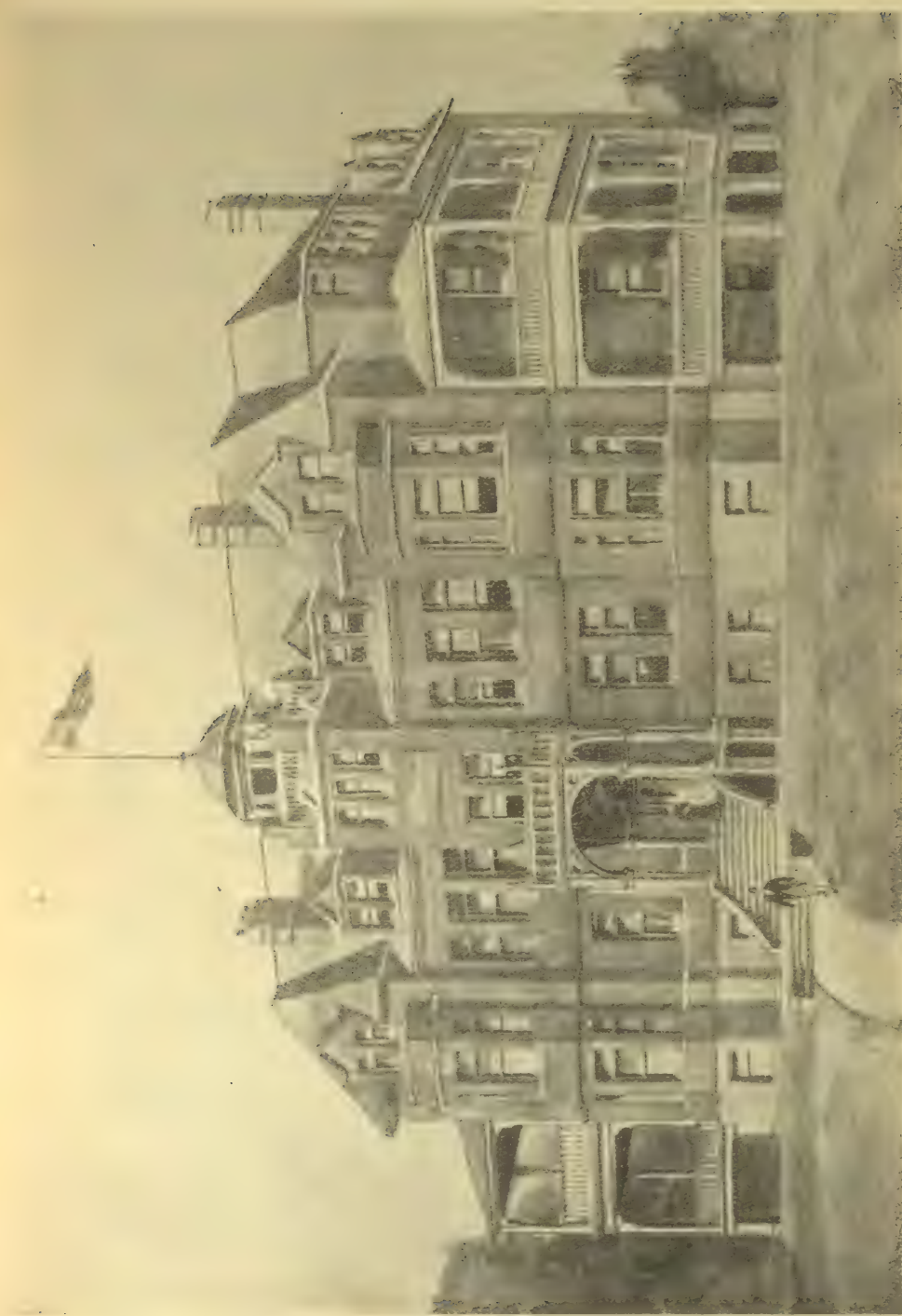
The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss Grace Hodgson, 82 Bloor St. W., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss C. Mitchell; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board: Miss B. Crosby and Miss A. Boyd.



THE BARRIE ROYAL VICTORIA HOSPITAL.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR
SICK CHILDREN TRAINING SCHOOL FOR
NURSES, TORONTO.

OFFICERS, 1906-7.

President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

CONVENERS OF COMMITTEES.

Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Mrs. Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

QUEEN ALEXANDER'S IMPERIAL MILITARY NURSING
SERVICE.

The following ladies have received appointments as Staff Nurses: Miss F. A. Loseby, A.N.S.R., Miss E. M. Lovell, Miss C. Macrae, Miss A. B. Nunn, Miss A. Weir, Miss H. M. Barnett, Miss I. M. Johnston, Miss B. M. Nye.

POSTINGS AND TRANSFERS.

Sisters.—Miss S. Smyth, to Millbank, from Cambridge. Aldershot; Miss M. M. Bond, to Cambridge, Aldershot, from Netley; Miss E. C. Cheetham, to Curragh, from Woolwich; Miss K. A. Allsop, to Devonport, from Woolwich; Miss A. Rowe, to Devonport, from Portsmouth; Miss A. Guthrie, to Bloemfontein, from Harrismith; Miss R. Osborne, to Standerton, from Bloemfontein; Miss L. M. Lyall, to Harrismith, from Bloemfontein; Miss A. L. Walker, to S.S. "Plassey," for Indian troopship service, from Cambridge, Aldershot.

Staff Nurses.—Miss G. H. Sellar, to Netley; Miss K. F. G. Skinner, to Aldershot; Miss G. S. Jacob, to Woolwich, from Aldershot; Miss F. A. L. Smith, to Millbank, from York; Miss M. Barton, to Devonport, from Chatham; Miss M. E. Smith, to York; Miss E. K. Kaberry, to Woolwich, from Millbank, London; Miss A. S. Siddons, to Netley, from Gibraltar; Miss C. C. M. Gibb, to Portsmouth; Miss C. H. MacCarthy, to Colchester; Miss H. A. Hare, to Devonport, from Colchester; Miss S. W. Wooler, to Chatham; Miss

Colchester; Miss K. F. Fawcett, to Shorncliffe; Miss L. A. Eph-M. Ironside, to Colchester; Miss M. Clements, to Curragh, from grave, to Shorncliffe; Miss E. M. M. Malim, to Gosport; Miss M. German, to Devonport, from Gosport; Miss A. Weir, to Devonport; Miss A. A. Steer, to Devonport, from Millbank, London; Miss E. St. Quinton, to Devonport, from Aldershot; Miss N. Stewart, to Devonport; Miss H. M. Barnett, to Millbank, London; Miss A. B. Nunn, to Aldershot; Miss F. A. Loseby, to Bloemfontein, S.A.; Miss C. Macrae, to Woolwich; Miss E. H. Davies, to York; Miss B. M. Nye, to Netley; Miss I. M. Johnston, to Netley; Miss L. A. Burgess, to Millbank, London.

PROMOTIONS.

The Undermentioned Staff Nurses to be Sisters.—Miss K. A. Allsop, Miss L. Belcher, Miss C. T. Bilton, Miss H. L. A. Jack, Miss A. Rowe, Miss D. J. Saunder, Miss M. Clements, Miss L. Cunningham, Miss H. A. Hare, Miss F. N. Roberts, Miss F. A. L. Smith, Miss P. Steele.

APPOINTMENTS CONFIRMED. . .

Staff Nurses.—Miss C. A. Coats, Miss G. A. Aitchison, Miss F. E. Manfield, Miss A. M. Phillips, Miss A. J. St. Clair, Miss D. M. Smith.

C. H. KEER,

Matron-in-Chief.

The Editor,

Q.A.I.M.N.S.

THE CANADIAN NURSE,

133 East Bloor Street, Toronto, Can.

THE second annual meeting of the Nurses' Alumnae Association of the Royal Alexandra Hospital, was held at Fergus on December 26th. New officers were elected for 1907: President, Miss Buckland, of Harriston, Ont.; 1st Vice-President, Mrs. Bell, of Arthur, Ont.; 2nd Vice-President, Miss Martignoni, of Harriston, Ont.; Secretary-Treasurer, Mrs. W. A. Groves, Fergus; Hon. President, Mrs. Bright, Drayton, Ont. The attendance was not very large as so many of the members were engaged in their professional duties, and unable to attend. However, the meeting was a very successful one. After the business of the Association was settled, Miss MacWilliams, Superintendent of the Hospital, entertained the members of the Alumnae and the Medical Staff in the dining room, beautifully decorated for the occasion.



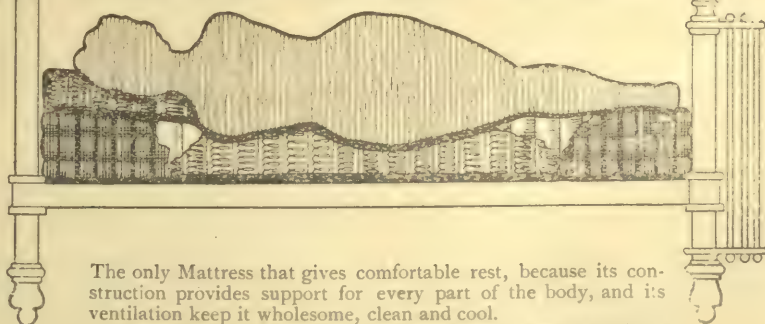
Who said BOVRIL?

"I" said the student;
 "It's best to be prudent—"

"I said
Bovril



The Marshall Sanitary Mattress



The only Mattress that gives comfortable rest, because its construction provides support for every part of the body, and its ventilation keep it wholesome, clean and cool.

It remains soft and resilient, and never sags. Lasts a lifetime!

NURSES—ATTENTION!!!

This is the only Mattress on which a patient can be turned without lifting. Recommended by all physicians. Sold subject to trial, and money back if not satisfactory. Write for testimonials and catalogue.

THE MARSHALL SANITARY MATTRESS CO., Limited

London, Eng.

261 King Street West, TORONTO

Chicago, U.S.A.

Hospital and Training School Department.

OUR SUBSCRIBERS WILL CONFER A FAVOR UPON US BY REPORTING AT ONCE IF THE CANADIAN NURSE IS NOT IN THEIR HANDS BY THE FIRST DAY OF EACH MONTH. ADDRESS ALL COMMUNICATIONS, "THE CANADIAN NURSE, TORONTO."

MRS. TOOHEY, of the "Maples" Private Hospital, London, has taken charge of the Sanitarium at Ingersoll.

MISS SMEDLEY, Superintendent of the T.W.H., is now convalescent after a severe attack of typhoid fever.

MISS POTTS, Assistant Superintendent of S.C.H., Toronto, has gone to spend a brief holiday at her home in Ottawa.

THE opening of the new hospital at Wingham, Ont., took place on January 24th, 1907.

WE are very pleased to welcome Miss Colquhoun among us again after her long absence in California and British Columbia.

MISS KINGSTONE (J. H. H.), has gone to New York for post graduate work at the Sloane Maternity and other leading hospitals.

MISS ELLERINGTON, graduate H. F. S. C., '06, will take charge of the operating room of the hospital during Miss Pott's absence on her vacation.

MISS HEALES, formerly Head Nurse of the Yorkton Hospital, has been appointed Superintendent of the Victoria Hospital, at Milford, Sask.

A VERY successful play entitled "The Prince of Liars," was given by the young people of Yorkton, Sask., the proceeds to go to the Hospital.

AT a recent examination in connection with the Toronto H. F. S. C., Miss Breeze received the prize, making 691 marks out of a possible 700.

MISS SARA GRIFFITHS, class '03 Victoria Hospital, London, has accepted the position of Superintendent of the new Marine Hospital, Goderich.

MISS ETHEL CANNON, of Walkerton, graduate of the Guelph General Hospital, left recently for Baltimore, to take a position in Dr. Kelly's Hospital.

MISSES STEWART and Hooper, class '06 Victoria Hospital, London, have accepted positions in the General Hospital, Brandon, Man., as head nurses.

Special Notice to our Out-of-town Customers

WE prepay Freight or Express (we reserve the right to ship the cheapest way) on all orders of \$25.00 and over, going forward in one shipment to your nearest railway station in Ontario, Quebec, New Brunswick, Nova Scotia and Prince Edward Island, on all goods except Furniture, Springs, Mattresses, Refrigerators, Organs, Stoves, Baby Carriages, Salt, Sugar and Flour.

To obtain advantage of this offer your shipment must amount to \$25.00 over and above the exceptions named:

If you cannot make your order large enough to secure the advantage of free delivery, get your friends near by to join you and send the orders together and we shall forward the goods in one shipment.

THE T. EATON CO.
LIMITED
TORONTO, CANADA

MISS MATHIESON, Superintendent of the Riverdale Isolation Hospital, has just added a number of books, to the value of \$60.00 to the Nurses' Library.

THE directors of the Yorkton Victorian Order Hospital expect to enlarge the main building of the Hospital next summer, and also to build a Nurses' Home.

MISS ADAIR, graduate of the Royal Alexandra Hospital, Fergus, who has undergone a very serious operation for appendicitis, is again able to be on duty.

MISS RELANCE, class '05, Galt Hospital, now of Two Harbors, Mich., spent Christmas at her home in Beaverton, and more recently visited friends in Galt.

MISS ETHYL MCKINLAY, graduate Victorian Hospital, London, Ont., has accepted the position of Head Nurse of the Kootenay Lake Hospital, Nelson, B. C.

ANNOUNCEMENT has been made of the marriage of Miss Josephine Lanigan, graduate ('04) of St. Joseph's Hospital, Chatham, to Mr. Charles Cole, of Windsor.

MISS JEAN MACBAIN, graduate St. Michael's Hospital, Toronto, has been in charge of the Operating Room of St. Joseph's Hospital, Chatham, for the past eighteen months.

MISS IDA BINGEMAN (T. G. H.), for two years Superintendent of Edmonton General Hospital, was married on January 30th to Mr. Donald Mason McLennan, of Toronto.

MISS ALICE HOREY, B.C.G. Hospital, Walkerton, has resigned her position as Head Nurse of the Edmonton Public Hospital, and has returned to her home at Mildmay, Ont.

MRS. ALEX. MUNROE (nee Clara Bell, class '03, G. and M. Hospital, Collingwood), of Winnipeg, with her husband, is spending the winter months with friends in Barrie and Collingwood.

MISS MARTIGNONI, graduate of the R. A. H., Fergus, has returned from a short vacation at Albion, N. Y., having been called home suddenly on account of the serious illness of her mother.

MISS ELLA BAKER, G. and M. H., Collingwood, '06, who has been seriously ill with typhoid fever, is now well enough to leave the hospital, and will soon be able to resume her professional duties.

MISS F. VERA WHITNEY, after an attack of typhoid lasting nine weeks, has, we are glad to report, recovered sufficiently to leave Grand Traverse Hospital, Traverse City, Michigan, and will soon, we hope, be quite herself again.

MISS BECHTEL, graduate of the Galt Hospital, and of the General Memorial Hospital, New York, and for eighteen months in charge of the operating room of the latter institution, is enjoying a well earned holiday in Ontario.

ANTISEPTIC *Non-Acid* **SOZODON** **ALKALINE**

Liquid - Powder - Paste

Teeth of persons subject to an acid or bilious stomach are liable to discoloration, which requires extra friction to remove. The Liquid, and Powder or daily, will soon remove all ous adhesions and leave the and white, imparting a refreshing feeling to the mouth.

Very satisfactory results are obtained from using

Paste, used such tartar-teeth clean



LIQUID SOZODONT

at night, and

SOZODONT TOOTH POWDER, OR PASTE

in the morning.

THE MINISTERING ANGEL

MISS MCKIM, (T. G. H.), gave a very interesting talk to the pupils of the training school of the Toronto General Hospital on the night of January 18th. Miss McKim spoke of her work in Persia.

MISS BRESLIN, Superintendent of the Woman's Hospital, Detroit, and Miss Montgomery, Superintendent of the Alexandra Hospital, Montreal, were the guests of Miss Mathieson, (R. I. H.), in February.

THE monthly meeting of the Canadian Nurses' Association, Montreal, was held in the rooms of the Medico-Chirurgical Society on Feb. 5th, when Dr. Shirres delivered a very interesting lecture on neurasthenia.

ON the evening of Wednesday, February 6th, a dance for the nurses and their friends was given in the new Nurses' Residence, S. C. H. The evening was very enjoyable and will long be remembered with pleasure.

MISS MYRTLE HOLDER, graduate of General Public Hospital, St. John, N.B., has resigned her position as night superintendent in the Moncton Hospital, Moncton, N.B. She intends doing private nursing in St. John.

MISS SELINA MCLEAN, London's first district nurse, is resigning, much to the regret of the Local Committee of the V. O. Miss McLean has worked well during her year in London. She will remain at her home in Ottawa.

MISS ALICE SCOTT, (T. G. H.), who has for the last year been Assistant Superintendent of Nurses, in the City Hospital, Hartford, Conn., has accepted the position of Superintendent of Nurses in the Kingston General Hospital.

MISS HENDERSON has been appointed to succeed Miss Goodrich as Superintendent of the New York Hospital. Miss Henderson is a graduate of the N. Y. H., and has a high reputation both personally and professionally.

MISS JANET DONALDSON, graduate of the School of Domestic Science, Toronto, and the McDonald Institute, Guelph, has accepted the position of housekeeper and Instructor in Practical Dietetics at the General and Marine Hospital, Collingwood, Ont.

MISS MARGARET COWAN, a native of Thurso, Quebec, and one of the nurses at the Water Street Hospital, Ottawa, met her death by accident in a tragic manner on January 3rd at the hospital, by falling through a French window on an upper story.

It is with great regret that we announce the sudden death from heart disease of Mrs. Cranfield (Miss Chalker, T.G.H., 1885, and formerly of Dublin, Ireland), which occurred at Manilla Junction at the end of January. Her bereaved husband will have the universal sympathy of her friends and classmates.



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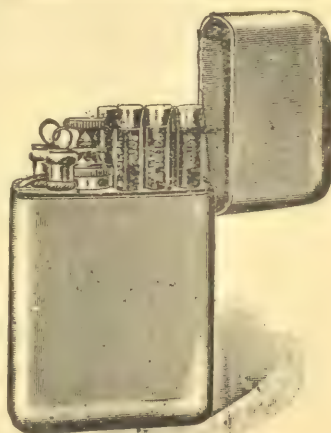
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PHONE M. 306

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MISS BRECKEN (T. G. H.), has been very ill in a private ward in the Hospital this month, but is now improving.

MRS. KERR, of Rebouna, B. C., (Miss Fisher,) (T. G. H.), has also been in the Hospital for the last two weeks, but is now improving.

THE marriage of Miss Orchard (T.G.H. 1900), to Mr. Bailey took place in Toronto on Wednesday, Feb. 6th, 1907. Mr. and Mrs. Bailey left for a trip to California and will, on their return, reside in Toronto.

MISS KENNEDY, of 100 Grange Avenue, Toronto, has just returned from San Antonio, Texas. On her way home she had a delightful visit with Miss Gregory (T. G. H.) and Miss Isaacs (T. G. H.), St. Luke's Hospital, St. Louis, Missouri.

THE marriage of Mr. J. A. Thirierge, of the Public Works Department, Ottawa, to Maria Azilda Fortier, (graduate St. Michael's Hospital, 1901) daughter of Mr. and Mrs. A. J. Fortier, took place at Pembroke, Ontario, February 6th, 1907.

1906 has been a banner year in the work of the V. O. in Montreal. Miss Lynch, the head nurse, reports 2,044 cases nursed, total number visits 19,469, night calls 788, number of nurses 14, 1297 articles of clothing given away and 106 diet tickets.

MISS C. M. BOWMAN, graduate T.G.H., has accepted the position of Superintendent of the Portage la Prairie General Hospital. Miss Bowman resigned her position of Superintendent of the Hamilton City Hospital, two years ago, and has since been engaged in private nursing in Winnipeg.

THE nurses of the H. F. S. C. Toronto, formed a hockey club in January and practices were held on the rink at the Hospital under the supervision of the Gymnasium Instructors. They entertained the Senior and Intermediate classes at a skating party, which was very much enjoyed.

MISS M. MARIE MILLER, graduate of General Public Hospital, St. John, N.B., post-graduate General Memorial Hospital, New York, is head operating-room nurse in the Moncton Hospital, Moncton, N.B. Miss Florence Sharp, graduate P. E. I. Hospital, Charlottetown, is head nurse of wards in the Moncton Hospital.

THE new wing of the General Hospital at Walkerton is completed, though not formally opened yet. On the ground floor there is one large ward and two private wards, also a diet kitchen and bathrooms. On the second floor is a large sun room with windows on three sides, and an obstetrical ward and private wards. Most of the rooms are being furnished by private subscription. By the addition of the wing the capacity of the hospital is increased by thirty beds.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

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and the various disorders of the breathing passages.**

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Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

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THE members of the Toronto H. F. S. C. Alumnae Association were entertained by their treasurer, Miss Mary Hill, at her home on Roxborough Street E., in a most delightful manner. Miss Kinder was one of the guests. The new pin of this Association is now ready and is very neat and pretty. It can be obtained at 505 Sherbourne street, from Miss Mary Gray.

MISS BAIKIE, President of the Canadian Nurses' Association, and Miss Colley, Corresponding Secretary, were in Quebec last week, to be present at the reading of the bill for incorporation of the association in the Quebec House. The bill has passed its first and second readings and also the Private Bills Committee, so that we hope to hear within a few days that it has become law.

THE Wingham General Hospital, which was formally opened on January 24th, 1907, by a reception to the citizens, is a beautiful building, erected in a commanding position on a hill overlooking the town. It is heated by hot water, and lighted by electricity, and is in every way modern and well-adapted to its purpose. The reception was very pleasant and successful, a large number of the citizens being present to inspect and admire the building, after which refreshments were served in the dining room. There are at present 16 beds, but the capacity of the hospital is considerably greater than this. Miss Katherine Stevenson, a graduate of Buffalo Hospital, has been appointed Superintendent, and Miss Eva Kelly, a London graduate, as assistant. Owing to the illness of Miss Kelly who is just recovering from typhoid fever, Miss Annie Dinsmore is acting assistant superintendent. We offer our best congratulations to the Board of Governors and to the newly-appointed officials, and wish them every success.

THE graduating exercises of St. Joseph's Hospital, London, were held on January 24th in St. Mary's Hall, which was very prettily decorated for the occasion. The hall has a fine stage and the second and third year nurses filled the space behind the graduating class, helping in the chorus, which was well rendered. The music was extremely good, Miss Minnie Keating, of Ingersoll, acting as pianist, and Miss McKim, also of Ingersoll, accompanying her on the violin. The graduating class consisted of Misses Louise Flood, Lilian V. Hunt, May M. Code, Iva Hobbs, Elizabeth J. McNeight and Eva M. Henry. Reverend Father Aylward, rector of St. Peter's Cathedral presided. In a pithy speech he reminded the nurses of the great responsibility of their calling, and he expressed the hope that their every action will be worthy of the noble profession they are to follow. A very clever valedictory was read by Miss Hunt and replied to by Dr. Hodge. After addresses from the Rev. Dr. Daniel, of the Methodist Church, Rev. Father Toblin, Dr. McWilliams, Dr. Mugan, and Separate School Inspector J. F. Powers, the nurses were presented with their diplomas, medals and several beautiful bouquets.

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MISS SAMUEL, Roosevelt Hospital, New York; Miss Goodrich, Bellevue Hospital, New York; Miss Smith, Babies Hospital, Lexington Avenue, New York; Miss Wilson, St. Luke's Hospital, New York; Miss Henderson, Royal Victoria Hospital, Montreal; Miss Meiklejohn, General Hospital, Rideau Street, Ottawa, were Miss Brent's guests at the Nurses' Residence, H.F.S.C., for the opening ceremonies, held on February 5th and 6th.

MISS MATILDA CRAIG, a graduate of the T. G. H. class 1895, died on Feb. 8th, 1907, at the General Hospital, after a brief illness, of Bright's Disease. The remains were taken to the Nurses' Residence, 266 Gerrard Street E., where a short service was held by the Rev. Mr. Reid, of Parkdale. A number of her sister nurses were present. Among the flowered expressions of sympathy and love were a beautiful cross from the Central Registry; a spray of carnations and roses from the Alumnae Association; a spray of pink roses and white carnations from her sister nurses in the home also a number of wreaths from her various friends. The remains were taken to Kingston for interment.

A MOST enjoyable meeting of the Alumnae Association of the G. and M. Hospital, Collingwood, was held on January 16th, when Mrs. Arthur, wife of the president of the medical staff, and herself an honorary member of the Association, entertained at the tea hour. At least twenty graduates of the school were present and Mrs. Arthur, with her usual kindness had also invited all the graduates of other Training Schools residing or visiting in the town. The Alumnae Association are at present deciding upon a pin which all the members will wear. The design will be a carnation in dark red enamel, on a gold ground, oval in shape. The carnation is the school flower and dark red the school color.

A NEW wing is to be added this spring to the Queen Victoria Hospital, Revelstoke, B. C., and it is hoped that this will provide a residence for the nurses, which is greatly needed. There are four nurses in the Hospital, all Canadians, though most of them were trained in American Hospitals, and the Superintendent, Miss Violet C. Nesbitt, who succeeded Miss Haygart, in March, 1906, is an English nurse. This is a very busy hospital, the twenty beds being always full, for most of the accident cases from the C. P. R. come here, as well as a good deal of typhoid, especially the type known as "mountain fever." There are two doctors on the staff, one to answer calls on the road, the other as Hospital doctor. There are also a good many maternity cases and altogether the work is very heavy, especially in view of the fact that the Hospital has too many stairs. British Columbia, one might almost say, is especially noted for its good hospitals. In no Province are they excelled. We hope to have an interesting description of the beautiful new Vancouver Hospital in our next number.

First Showing of the Spring Embroideries at Simpson's



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TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

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"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c to 85c.**

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TORONTO, ONT.

MISS SNIVELY, Lady Superintendent T. G. H. is convalescent from an attack of influenza, which unfortunately prevented her from being present at any of the ceremonies in connection with the opening of the New Nurses' Residence (S. C. H.). The visiting superintendents were entertained by Miss Snively at luncheon before their departure, and an afternoon tea in their honor was given by Mrs. Machell.

THE Alumnae Meeting of the Galt Hospital Alumnae Association was, on the kind invitation of the President, Mrs. Jas. S. Wardlaw, held at her residence on the afternoon of Tuesday, January 22nd. There was an exceptionally good attendance, and the following officers were elected:—Hon. Pres., Miss Robinson; Pres., Mrs. Wardlaw; Vice-Pres., Miss McGregor; Secretary, Miss Adair; Treasurer, Miss Landarkin. The members were very pleased to have with them two out of town members, Miss Bechtel, of New York, and Miss Relance, of Two Harbors, Mich. Miss Bechtel, in a very interesting way told of her post graduate work in the General Memorial Hospital, New York, and of nursing conditions in that city to-day. Mrs. John Taylor spoke of her experiences as nurse-in-charge of a missionary hospital in British Columbia. Dainty refreshments were served and after a most pleasant social hour spent over the tea cups, the meeting adjourned. The members of the Association are very grateful to Mrs. Wardlaw for her hospitality, and for her untiring interest in all the work of the society.

VICTORIA HOSPITAL, for the treatment of non-contagious diseases, is a small hospital, situated on the outskirts of the picturesque and enterprising town of Renfrew. The building is constructed of terra cotta brick, with broad galleries along one side and overlooking a beautiful stretch of fertile country, affording an excellent view of the town in close vicinity. There is a background of beautifully wooded hills, sheltering numerous little valleys and small lakes, with an ever-abundant supply of pure fresh air, the hospital is naturally an ideal place for the convalescent patient. Generally speaking the accommodation is for eleven patients, though in an emergency, fifteen patients have been accommodated. During the past year a total of one hundred and seventy patients have been treated. On first floor there is the main corridor, reception room and office, linen room, bathroom, two semi-private wards, nurses' dining room, superintendent's and housekeeper's rooms, and the kitchen. On the second floor there is one public ward, one semi-private ward, one private ward, bathroom, two nurses' rooms, and the operating room. The public ward is for use of male patients only, and contains four beds. The laundry and storeroom are in the basement. In connection with the hospital, is a small frame building for the treatment of contagious diseases. The hospital staff consists of four nurses in training, three day nurses and one night nurse. Considerable outside nursing is accomplished by the



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pupil nurses, one nurse being out most of the time. An orderly and housekeeper are also kept, considerable of the laundry work being done outside the institution. For some time it has been greatly felt that the present hospital is much too small, as daily one or more patients are refused admission for lack of room, and we are looking forward to a new and much larger building.

On January 16th the Toronto Nurses' Social Club had its third monthly meeting in the Temple Building, Miss Brent being in the chair. In the absence of Mr. J. Ross Robertson, who was to have given a Travel Talk, Mr. Frank Yeigh gave his illustrated lecture on "Twentieth Century Canada." The audience was carried from Toronto northward and westward until, at last, Victoria was reached. The views of New Ontario, and especially of Lake Temagami, made everyone wish to go, for the sake of the scenery, if not for the gold and other precious products of the country. In Fort William there were shown views of gigantic elevators, and there was also described an hospital for sick grain, which was especially interesting to the nurses. The marvellous growth of Winnipeg was humorously expressed in the story of the man who, making a speech one evening, mentioned the population as 90,000. When told it was 95,000 he apologized, and said he was referring to the population at 4 p.m., and now it was 8 p.m. The wonderful possibilities of the West in wheat-raising were shown in a cartoon in which Uncle Sam, speaking to John Bull, says: "I have always heard this was a fine country, John, but darn it, I can't see it for wheat." There were many views showing the possibilities of the country, but the most thrilling were those showing experiences in mountain climbing and the descent into the Conyar River caves of the Selkirks. All who heard the lecture were more proud than ever of being Canadians, and their only regret was that so few were present to enjoy it. Messrs. Claxton and Jackson gave a mandolin duet, and Mr. E. McGarvey, sang "Queen of the Night." At a short business meeting afterwards Misses Kennedy and Hunter were elected representatives of the "outside nurses" on the Central Registry Committee. There was then some discussion on the subject of a concert to raise funds for the new clubhouse, which is wanted so much by the nurses in Toronto. The subject for the next meeting, on February 20th, will be "Settlement Work in Toronto," and on March 20th, "Red Cross Work." Dr. Copp has kindly consented to give an address on that work in Canada, and it is hoped that the nurses will soon be given a chance to do their share in the Red Cross Society. A report of the Social Club meeting would be incomplete without some expression of the gratitude of the nurses to Mr. J. Ross Robertson, who has been always such a good friend to the nurses and who showed it so markedly on this occasion by securing the services of Mr. Frank Yeigh and giving us all such a treat.

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MRS. MARY S. FOY, Superintendent

MISS HAGGART, late matron of the Revelstoke Hospital, Revelstoke, B. C., is now matron of the hospital at Maple Creek, Sask.

MISS VEMBALES, Superintendent of the Carman Hospital, has gone on a three months' trip to California. We hope it will benefit her greatly.

NURSE BOLSTER, late of the Peterborough Hospital, is now taking up the hourly work which was carried on for a time by Miss Bowman, late of Hamilton, now matron of the Portage la Prairie Hospital.

OUR registry of the W. G. Alumnae has increased more than double since this time last year. We have now a membership of about one hundred and forty graduate nurses. We only register graduates.

THE Manitoba Provincial Association of Graduate Nurses, hold, when possible, monthly meetings, and are trying to formulate a bill for the registration of nurses, to be brought before the House as soon as possible.

MISS CRAWFORD, late secretary of the Provincial Association is spending the winter in Europe, and it is rumored will return to Winnipeg in the early summer bearing another name. We wish her every happiness.

MISS H. D. MCKIM, whose interesting article on Persia appears in this issue, left her home in Toronto, where she has been spending a brief furlough, to return to her chosen field of work in Persia, on Monday, February 17th. She is to visit her brother, the Rev. Mr. McKim, of St. John, N. B., on her way. Miss McKim is one of the daughters of the Bedell, of Toronto University, whose memory will always be green in the College Halls. Mr. McKim was one of the heroes of the charge of the Light Brigade at Balaclava.

THE new Nurses' Home in connection with the Winnipeg General Hospital has been formally opened. It is a fine commodious building. On the first floor the superintendent's sitting room, the nurses' sitting room and the library can all be thrown into one, when occasion requires, making a fine large reception room. The halls are large and airy. The building accommodates one hundred nurses. On each flat two of the staff nurses have their rooms. Though large it will not long accommodate the increasing demand upon it.

A SPECIAL meeting of the Victoria Hospital, London, Alumnae Association, was held in the reception room of the Nurses' Home, on Wednesday afternoon, January 23rd. It was fairly well attended. The purpose of the meeting was to get the opinion of the nurses, as to what they could do, to help the tuberculous patients, who are unable to go to Gravenhurst, and consequently have to be taken care of in their homes. Until recently these patients have been treated in Victoria Hospital, but this has been discon-

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tinued, owing to the danger to other patients in the institution. The question under consideration was "What can we do to help these patients? Are they going to be allowed to become a source of infection to the other inmates of the home, as well as a burden to themselves for the lack of a little care? The following resolution was passed by the nurses:—"Realizing the great need of something being done for the tuberculous patients in our midst, we, the nurses of Victoria Hospital Alumnae Association do offer to give every year, two weeks of our time, to be used in the care of these patients, in any way, that may be thought of benefit, by the doctors, and if unable to give the time, will give the equivalent in money, so that a graduate nurse may be had for this purpose, when necessary." The following nurses were nominated, as delegates, to petition the County Council on behalf of these patients: Misses Uren, Dufton, McGillivray, S. Orme, Whiting, and Mrs. Wilson.

BIRTHS.

WILCOX—On October 17th, 1907, at Moose Jaw, Sask., to Mr. and Mrs. George Wilcox (nee Woodland), a son. Mrs. Wilcox is a graduate of the Sick Children's Hospital, Toronto.

TAYLOR—At Bankhead, January 7th, to Dr. and Mrs. H. G. Taylor (nee McGarvey), a son. Mrs. Taylor is a graduate of the Western Hospital, Toronto.

MARRIED.

MACLENNAN—BINGEMAN—On January 30th, 1907, at the residence of the bride's father, Berlin, Ont., by the Rev. Mr. Farquharson, of Durham, Donald Mason MacLennan, of Toronto, to Ida B. Bingeman.

GROVES—SUTHERLAND—At Hanover, on January 21st, Miss M. Rathburn Sutherland, graduate of the Royal Alexandra Hospital, Fergus, (class 1906), to Dr. W. A. Groves, of Fergus, Ont.

PARK — DICKENS — At the home of the bride's parents, 432 Shaw Street, Toronto, on Wednesday evening, February 6th, 1907, Miss Bessie Evelyn, second daughter of Mr. and Mrs. Thomas Dickens, to Rev. A. R. Park, pastor of the Parliament Street Baptist Church, Toronto: Rev. C. H. Schutt, M. A., of the Century Baptist Church, performed the ceremony.

DEATHS.

SILVESTER — At her late mother's residence, 116 Grace St., Toronto, on Monday, the 4th February, 1907, Emma (Tottie), graduate nurse of St. Mark's Hospital, New York, and recently from New York.

Funeral Wednesday, the 6th February, at 3 o'clock. Interment in St. James' Cemetery.

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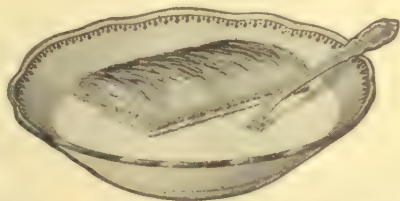
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The Nurse's Library.

The Queen's Nurses' Magazine has entered upon its fourth year and the annual subscription (1s. 3d. to nurses) is now due. One of the best articles in the last number is "Esprit de Corps," by M. Loane. Canadian nurses would like this magazine and we hope many of them will subscribe for it.

Our Hospitals and Charities published in January a "Special Cancer Number," dealing with Cancer Hospitals in Britain.

Town and City. FRANCES G. JEWETT, Boston, New York, Chicago, London: Ginn & Co.

No sensible person could read this book without a feeling of pleasure and satisfaction. It is so simple, yet so interesting and everything in it is worth while. Nurses will find here many things to interest them. Water, epidemics, food inspection, tuberculosis, and many other topics are treated in this book, which is the third of a series on Hygiene, edited by L. H. Gulick, M.D., Director of Physical Training in the Schools of New York.

Embryology. By PROF. W. P. MANTON, of the Detroit College of Medicine. Philadelphia: The F. A. Davis Co. Toronto: J. A. Carveth & Co., \$1.25.

We are indebted to the publishers for a copy of this (3rd) edition of Prof. Manton's work. Though primarily intended for medical students and practitioners, it might well find a place as a book of reference in a Nurses' Library. It is well illustrated and well arranged.

Materia Medica for Nurses. EMILY M. A. STONEY. Philadelphia and London: W. B. Saunders Co. Toronto: J. A. Carveth & Co. \$1.50.

We remember hearing that Miss Stoney, the author of this excellent book and others on nursing, died with her work largely unrecognized and unrewarded. This recollection always saddens us when we see another new edition of her books issued. We do not know to whom the publishers have entrusted the preparation of this (3rd) edition, but the work is well done, and the doses, etc., are in accordance with the United States Pharmacopæia, 8th Decennial Revision.

Hospital Housekeeping. BY CHARLOTTE A. AIKENS. Detroit: D. T. Sutton.

Our readers will be greatly interested in a book by Miss Aikens, to whom they need no introduction. Miss Aikens' remarkable abilities, and her experience as Superintendent of Hospitals in Washington, Pittsburg and elsewhere, have well fitted her to deal with the subject. In writing the book she has had in mind trained nurses who enter for the first time on the responsible duties of Superintendent, ladies who are Hospital Governors, and Matrons or Housekeepers of Hospitals. All the departments of the Hospital

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are dealt with in this useful treatise, beginning at the main entrance and including the wards, the kitchen, laundry, etc. Two of the best chapters are on "The Help Question" and "The Problem of Waste." The book is indispensable to Hospital workers, and will be found of great value by any member of the nursing profession, to whom we cordially commend it.

The W. B. Saunders Company have just issued a revised edition of their handsomely illustrated catalogue of books. It will be sent free to any of our readers on request.

Ask any woman of 55 whether she can do as much with money now as she could when she was 25. Her answer should convince Nurses that the earning years of life should be the saving years. Perhaps no financial institution has given so much thought to the subject of Women's Savings as has the Crown Bank of Canada. Every day there is the same maxim in the papers—"Save while you are able to earn!"—though twisted into different forms. This Bank has done everything it can think to induce women to look upon their earnings as seriously as men do upon theirs, has opened a special Women's Room at 34 King Street West, in order that Banking may be made easy for the uninitiated and comfortable for those who understand it: employs women officials and is training them to become expert Bankers, asks you personally to use this room and to deposit your earnings in the Savings Department connected with it

Nurses frequently entertain the idea of giving up general nursing and specializing in work which will allow them more time to themselves and greater independence. The demand for competent graduates in Medical Massage, Gymnastics, Electro and Hydro-Therapy to take charge of departments in hospitals and sanitariums or as instructors in these branches is greater than the supply. All the renowned European physicians who have recently visited this country upon the invitation of their American colleagues, such as Professors Drs. Lorenz (Vienna), Hoffa (Berlin), Schott (Nauheim), etc., have strongly advocated the use of mechanical treatments. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, gives complete courses in all forms of mechano-therapy, qualifying the graduates to practice as well as to teach the same. Particulars will be furnished upon request.



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The Canadian Nurse

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THE QUEEN'S NURSES.

Those of us who receive the CANADIAN NURSE were delighted to hear that for the future it is to be a monthly publication, and also that we shall now always find a page in it devoted to the Victorian Order. We, Queen's Nurses, naturally take a deep interest in our sister order, and always read with eagerness any account we get of the work and experiences of its nurses.

We sometimes think some of our own posts very "lonesome" and inaccessible, but when we read of the immense tracts of country that separate Victorian Order nurses from friends and postoffices, and when we hear of the real hardships they are sometimes called upon to endure on their winter journeys, we feel that in comparison our most remote district is the hub of the universe and our severest experience hardly worthy of mention.

This being so, I scarcely know what I can find to say about Queen's Nurses that will interest your readers. Probably slight differences exist between us and the Victorian Order in dress, equipment, mode of locomotion, and certainly there must be a greater difference still between our patients' houses and manner of living and therefore possibly a brief sketch of some of these things may amuse them.

A Queen's Nurses' uniform is made of dark blue gingham. In England and Scotland we wear when at work brown holland aprons and oversleeves, while in Ireland both apron and oversleeves are made of the same material as the dress. A certain amount of latitude is allowed in the way of outdoor uniform; town nurses usually prefer the small close bonnet and circular cloak chosen for her nurses by Queen Victoria, but those who cycle and who live in very wet, wind-swept places, usually adopt the ulster and serge cap or blue sailor hat, also sanctioned by the Institute. Country nurses use bicycles to a great extent, but some committees in hilly places provide a small pony and cart for their nurse, while in the remoter Irish and Scotch districts it is no unusual thing to see the nurse riding pillion behind some relative of the patient who has sent for her.

As regards our districts themselves, in the short space at my disposal it is almost impossible to give any adequate idea of them.

There is the London district, where the nurse feels as if she spent her life climbing up and down stairs, now up the great stone flights in the buildings, to the small self-contained flats occupied by a respectable and fairly well-to-do class of patient, and now up rickety, dark stairways in dilapidated tenement houses, where whole families occupy single rooms, and where she often comes across distress and poverty such as I hope are unknown in Canada.

Then there is the little English country district, with its green lanes and pretty thatched cottages nestling amongst orchards and gardens. And there is the Highland district, with its wide stretches of moor, beautiful with purple heather at certain times of the year, but dreary and bleak enough at times, as the nurse may admit (if she is not a Scotchwoman), after a long day's tramp between the scattered farm houses.

Last, but not least, there is the Irish district of the west coast, where twenty, thirty or forty miles from a railway station after a drive over an endless sea of bogland, you catch sight of the nurse's neat house, conspicuous amongst the rough stone hovels which surround it. The feature of these Irish districts is the bogs and the stones; every little potato patch is surrounded by a low stone wall, the thatched roofs are weighted down with stones and stones lie in every inch of the path. The civilization of the people is low in these parts and the poverty extreme. Asses and hens usually share the single-roomed cabin with their owners. The boys in many places are dressed in girls' petticoats until they are nine years of age, partly because petticoats can be spun and woven at home, while suits must be bought, and partly because the fairies prefer boys to girls and cheated in this way are less likely to spirit them away. In the district of which I am thinking particularly, no man would venture out alone after dark for fear of the fairies dragging him into the bog; therefore when the nurse receives a night call she always finds a couple of men at her door, and they are amazed at her temerity when she informs them she will follow them alone. In such a district as this the nurse has literally no one to speak to besides her ignorant patients, except the doctor, who generally lives eight or nine miles away, and the parish priest. In this respect she is probably worse off than the Victorian Order nurse. It argues well for the courage and vocation of the nurse who is willing for the sake of the good she can do to put up with such solitude for ten or eleven months of the year.

HERMIONE BLACKWOOD, Q.N.

THE DETERMINATION OF THE OPSONIC INDEX AND ITS
RELATION TO BACTERIAL INOCULATION.*

You are all aware that the blood is composed of a fluid medium in which the red and white corpuscles are suspended, and that when the blood is withdrawn from its normal channels the phenomenon of clotting occurs, with the separation of a pale yellowish fluid called serum. It is with this latter element that we are here chiefly concerned.

In his researches Professor A. E. Wright, of St. Mary's Hospital, London, determined by a series of experiments that in the serum there were elements which, when brought into direct contact with various forms of bacteria, rendered such bacteria more susceptible to phagocytosis and inasmuch as these elements appeared to prepare these organisms for inception by the leucocytes, he gave to them the name of opsonins (from the Latin word "opsono," I cook for; I prepare victuals for). It was further determined by the same investigator that the opsonin varied in different infections; that is to say, the element concerned in preparing staphylococci for inception by the white cells varied from that which acted to the same end upon tubercle bacilli.

Extending these experiments still further it was found generally to be the case that the serum of an individual suffering from an infection such as staphylococcus, contained fewer opsonins specific to staphylococcus than the serum of a healthy individual.

We must now consider how the amount of opsonin is determined, for which calculation the following elements are requisite.

(1) *Washed Corpuscles*.—A test tube, the size of the little finger, is three-quarters filled with a solution containing .85 per cent. sodium chloride and 1.50 per cent. of sodium citrate. Into this solution 10 to 15 drops of finger blood are received and thoroughly admixed. The tube is then placed in a high speed centrifuge and the cellular elements of the blood precipitated. The clear fluid above the corpuscles is then removed by means of a glass syphon, the tube refilled with .85 per cent. saline solution, the corpuscles thoroughly remixed, again centrifugated and the overlying fluid withdrawn by syphon and pipette. The tube is then partially imbedded in a sand tray in a slanting position. Upon close observation one can make out readily the differentiation of the corpuscles into two layers: a thicker deep-red under layer, and a thin, pinkish-grey upper layer (the "buffy coat" or "blood cream"), consisting chiefly of leucocytes. It is with this latter portion of the precipitated corpuscles that we are concerned.

(2) *Bacterial Suspension*.—As an example we will make use of an eight hour culture of staphylococcus upon plain agar. From

*A lecture delivered to the members of the Montreal General Hospital Nurses' Club, by E. M. von Eberte, M. D., Montreal.

the surface of the slant a minute portion of the growth is removed with a platinum loop, washed off with .85 per cent. NaCl, into a watch glass and thoroughly broken up. If the opacity of the emulsion thus obtained is deemed to be too dense, *i.e.*, contains too many cocci, further saline is added. Finally the point of the pipette is sealed and placed in the sand tray.

(3) *Serum*.—The serum of the individual whose Index is to be determined is then obtained by pricking the finger and receiving the blood into a small glass capsule, such as the one here shown. After sealing one end of the capsule it also is placed in the sand tray and allowed to stand until the blood has clotted and the serum separated. At the same time a control specimen of blood is taken in a similar manner from a healthy individual.

We next prepare from glass tubing, by aid of the blow pipe, long, narrow pipettes, similar to those shown, upon which a volume is marked with a blue pencil; then taking one of these pipettes, fitted with a soft rubber teat, we draw up a volume of *washed corpuscles* from the surface layer of our tube, a similar volume of the *suspension of cocci* and finally a volume of the *serum*; permitting an air space to intervene between the corpuscles and the suspension of cocci. The contents of the pipette are then expelled upon a glass slide, thoroughly mixed by repeated aspiration and expulsion and finally drawn up in a continuous volume well within the pipette and the tip of the tube sealed. The pipette is then passed into one of the openings in this tubercular incubator, where it is allowed to remain at blood temperature for fifteen minutes. A second pipette is then similarly prepared, using the control instead of the patient's serum.

We may now concern ourselves with the preparation of the slides upon which films are to be drawn. These slides are thoroughly washed with soap and water, rinsed in alcohol, dried, passed through the flame of a Bunsen burner and the surface rubbed with 00. French emery paper. By the use of the latter a microscopic roughness is effected which arrests the red cells during the drawing of the films, while the larger white corpuscles "bump the bumps," and are found congregated at the lower margin, thus greatly facilitating their detection during the process of counting.

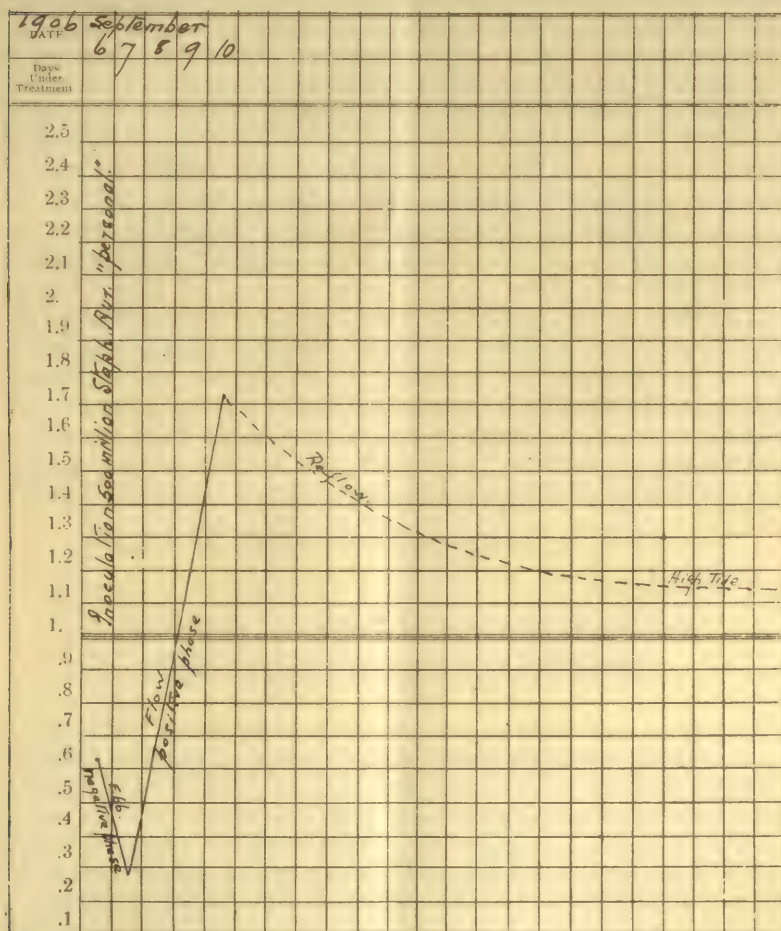
At the expiration of fifteen minutes the pipettes are successively removed from the incubator, the sealed tip broken off, the contents remixed upon a slide and films drawn. These films are then stained with Leishmann's blood stain, the leucocytes located, and a count made of the bacterial content of 100 polymorphonuclear leucocytes from which the Opsonic Index is determined according to the following example: v

Control Serum.—100 polynuclears contain 400 cocci, *i.e.*, an average of 4 cocci per cell. This is taken as the standard, and is expressed as 1.

Patient's serum.—100 polynuclears contain 300 cocci, *i.e.*, an

average of 3 cocci per cell, i.e., $\frac{3}{4}$ of 1 = .75 Opsonic Index. The Opsonic Index, in other words, is an expression of the individual's standard of immunity to a particular infection compared with the normal.

We have next to deal with the practical application of the Opsonic Index. Just as vaccination with the virus of cow pox protects the individual against smallpox, so it has been found that an individual's immunity to staphylococcus infection may be



heightened by inoculation with a vaccine prepared from devitalized staphylococci. These bacterial vaccines are prepared in the following manner. A twelve-hour growth upon plain agar is washed from the surface of the slant with 6 CC. of .85 per cent. saline and decanted into a sterile test tube. The tube is then sealed in the flame, the contents agitated to ensure an even emulsion and the organisms devitalized in a water bath at a temperature of 60 degrees C. for one hour. After removal a control cul-

ture is made and the concentrated vaccine diluted to a suitable strength for use. If at the end of twenty-four hours no growth is obtained the vaccine may be used with safety.

Details with regard to standardizing and lysolizing vaccines are omitted as unsuitable for the present demonstration.

The chart here shown illustrates the effect of vaccination in a case of furunculosis, as indicated by the Opsonic Index. This individual suffered for three months from recurring crops of furuncles. On the day before inoculation his Opsonic Index to staphylococcus was found to be .62; on the day following, .28, and three days later, 1.72. This chart also illustrates admirably a law applicable to all bacterial inoculations, viz., the law of the "negative" and "positive phase." Had later indices been taken no doubt a gradual decline toward the normal would have been noted (as indicated by the dotted line), with finally a constant index at or slightly above normal. These fluctuations in the Opsonic Index, following inoculation, have been interpreted by Professor Wright as representing "the ebb, flow, reflow and high tide of immunity."

While it is impossible to fully cover the ground in the time at our disposal, I trust I have made it clear that the Opsonic Index is simply a measure of the effect of the dosage in bacterial inoculation and bears to such practice much the same relation that the clinical thermometer bears to a case of typhoid fever upon bath treatment. In fact we might coin the expression "Immunity Thermometer" as a practical interpretation of the term "Opsonic Index."

THE OPEN AIR TREATMENT OF PNEUMONIA.

As there has been so much written lately about the open air treatment of tuberculosis and such diseases, I thought it might interest some of the readers of THE CANADIAN NURSE to know with what success we have used it in pneumonia.

Our hospital is a small one, situated on the highest point of land in the city, sunshine on all sides, and quite isolated. We have a wide balcony on three sides, but are protected from the east wind. Early last winter, when the thermometer read from zero to 20 deg. above, a very bad case of pneumonia was admitted. The physician said he considered it practically hopeless, and was quite willing we should experiment with the new method.

He was cyanotic, restless and somewhat delirious; temperature, 105; pulse, 128; respiration, 58. Our orders were to give him an early bed-bath, so as to get him out into the air by eight o'clock, and to keep him there until it was dark, about four p.m.

During the night he was sponged every four hours for tempera-

ture of 102 deg. or over. When out of doors we protected him with hood, hot-water bags and extra bed-clothing. Almost immediately on being put out he fell asleep and, while the respirations were not much slower, the dyspnoea was greatly relieved and the cyanosis disappeared. The temperature dropped steadily by lysis, and he made a very rapid recovery. My nurses did not appreciate the new order of things, but the "family" fur coat and change of nurses every half hour when it was so very cold, kept them fairly comfortable. We gave very little medicine, a carb. ammon. solution and strychnine as required, was all we used. The almost immediate relief given by the pure, cold air was wonderful, and such an improvement on our former method of keeping them in well-ventilated rooms with oxygen inhalations, or even putting the cases in rooms with the window taken completely out, as we had done several times.

Since trying this plan last year, we have not lost one single case, and several of them were admitted as almost hopeless.

Our greatest difficulty has been with the friends of the patients, who thought we were going to kill them at once: but even they were more than satisfied when they saw the patient sink into a quiet sleep after the the restlessness of the time previous to admission. Besides this, I think we have helped people, who have been accustomed to house themselves in during the winter, to realize the importance and, indeed, necessity, of plenty of fresh air.

HELEN RANDAL (R. V. H., Montreal).

Rutland Hospital, Rutland, Vermont.

HOSPITAL ETHICS AND DISCIPLINE.

From the time a nurse begins her career as a probationer in the training school, she should be given a clear understanding as to her relations to the institution, to its various officers, to nurses and to servants. A copy of the rules regarding nurses should be furnished her and any necessary explanations should be made at that time. This the institution owes to every probationer, but too often it happens that she is expected to learn rules by breaking them, or to get hold of them through the uncertainties of tradition. When a nurse has been told the rules, it is the business of the head nurse to see that they are enforced as far as relates to her department, and to co-operate with the superintendent in the maintenance of discipline.

It need hardly be stated that the head nurse herself should strictly observe the rules of the hospital, which are made with the good of all concerned in view; but, as a matter of fact, many head

nurses are anything but good examples in this respect. Too many head nurses are a law unto themselves, too many of them resemble Kipling's heathen, of whom it was said: " 'E don't obey no orders 'less they is his own," a most undesirable characteristic even in heathens. When it is found in a head nurse it bodes no good to the institution. If the house rules say "Lights in patients' rooms must be extinguished by nine p.m.," that "nurses must not visit in the hospital proper while off duty," and the head nurse is found visiting in a patient's room at ten o'clock at night, it is very likely the pupil nurses will soon get the impression that rules are not of much importance—not expected to be observed.

If the rules say that nurses must confine their conversation with internes to strictly professional subjects, must avoid all unnecessary conversation while on duty, and the head nurse sits at her desk and gossips about things in general for an hour at a time, how can pupil nurses be expected to have due respect for institutional regulations.

It has been said that discipline is the difference between an army and a mob. If even a measure of discipline is to be maintained, head nurses must be impressed with the necessity of teaching both by precept and example, that rules are to be observed; that if for any reason, it becomes necessary for a nurse to deviate from them, explanations or apologies are in order.

On the report of the head nurse will depend largely the acceptance or the rejection of the probationer, since she is in a measure responsible for her work and conduct, and is especially well situated to observe whether or not the candidate has in her the qualities necessary for a successful nursing career. Just here a word as to the need of patience with the probationer is in order. There are in our hospitals many head nurses who are in themselves capable workers, but, who are utterly unable to see the promise or the possibility in a probationer who is slow in developing. With them either a probationer is a "jewel," or she is "good for nothing." There is no middle ground with them. They lack the power of seeing beneath the surface, of perceiving the diamond in the rough. Many a nurse who has, later on, proven to be a tower of strength to institutions and to homes, an assistant most acceptable to physicians, and a true friend to the sick, has in the beginning been most unjustly dealt with, because some head nurse did not see the use of bothering with her, and reported adversely concerning her. Then, too, very frequently, a nurse who has seemed to be a failure under the direction of one head nurse, has done acceptable work when placed under the supervision of another. As a rule, the probationer who is slow in developing will be more likely to succeed in a small training school, where she comes into closer touch with the superintendent; where there is greater opportunity to study individuals, and where the sterling qualities are not lost sight of, or obscured, by

the brilliancy of some brighter candidates who do not always continue to shine so brightly, when they get farther on.

In the daily practice in the wards, the head nurse will find abundant opportunity for teaching ethics, the branch of science which treats of human actions from the standpoint of right or wrong. In the past it must be admitted that much more stress has been laid on hospital etiquette than on ethics. Both are important, but, a thorough understanding of hospital ethics will make it very much easier to teach the simple form of conduct or manners applicable to certain places or occasions.

After years of experience with nurses, it has come to be a habit with at least one superintendent, to emphasize first, in the theoretical teaching of ethics, the point of common honesty—"truth in the inward parts." And the simple practice of common honesty in a hospital every day will carry us far. Too many of our nurses come to the hospital with poorly developed consciences, or, as a popular writer has termed it—"fatty degeneration of the conscience." Whatever term is used the fact is plainly in evidence that the matter of conscience-building has received scant attention in the homes from which some of our nurses have come. Perhaps it is true, that many things are done from pure thoughtlessness, but there are times when thoughtlessness is criminal, and other times when it is positively inexcusable.

CHARLOTTE A. AIKENS.

(To be continued.)

OBSTETRICAL NURSING.*

The subject of this paper is one with which, no doubt, you are as familiar as I. However, the manifest importance of a thorough knowledge of an obstetrical case warrants careful consideration. It is well for us to remember that in the practice of our profession our student days are never over, as each day brings new experience that but adds to the sum of our knowledge, and those of us who have not attained that degree of perfection, which is the goal of all who are truly ambitious will, day by day, gather experience that will serve to achieve that end, and incidentally benefit humanity. We must always remember that in the pursuit of our duties, we should adopt as our motto, "Live and learn."

We have been taught that labor is a physiological process which Mother Nature will attend to with but slight assistance, and in a majority of cases it is so, but in undertaking an obstetrical case the nurse should come prepared to care for that case which is not physiological, and while the nursing of a normal case of labor is simple it should *never* be careless.

*Read at a meeting of the Wayne County Nurses' Association, Michigan.

Emergencies are likely to arise at any time, and the properly trained nurse should be self-possessed and clear headed, in order to be the doctor's ever ready ally in all the mischances that may occur during labor and the puerperium.

The first responsibility that confronts us is when to call the doctor. If examinations are allowed this will be easy, as the physician should be called when dilatation is complete if the patient is a primipara, sooner in the case of a multipara. If examinations are not made we must be governed by the character of the pain. The nurse will, if possible, delay delivery until the arrival of the physician: the use of hot towels for this purpose will relax and soften the tissues of the perineum.

After labor has begun the two great dangers to be faced are asphyxiation for child and hemorrhage for mother, upon the treatment of which I will not dwell at length. In the case of the former complication the methods of inducing artificial respiration are well known to you as are the methods of making hot and cold applications. Always have a sufficient quantity of ice and hot water at hand, as these will be the first things called for in an emergency.

The latter complication, post-partum hemorrhage, may occur even some hours after labor, and we should be on our guard against this condition. A nurse should never retire the first night after delivery without planning carefully what she would do if called suddenly to meet this emergency. Never leave the bedside of the patient for the purpose of preparing douches, summoning the physician or getting the ergot, as these offices can be performed by the members of the family. The place for the nurse is at the bedside "credeing" the uterus. Do not allow the family to give medicine during an emergency, as in their excitement they may give a wrong dose. Do not lose your self-possession; remember that here is the test of your training, and that you are responsible. Another complication for which the nurse must be on the lookout is a rise of temperature. This may be of no significance if it is co-incident with the establishment of lactation, but it is of grave importance if associated with scanty lochia, and should always be promptly reported.

Of the treatment of that disease, now happily going out of fashion—puerperal fever—I will say nothing, save to repeat the reply of that famous French physician, who, when asked to give its proper treatment, answered that "It should be treated as a felony!"

The care of perineal stitches will add something more to the nurse's work after parturition, and special care should be exercised in cleansing the parts when dressings are changed. The treatment of neglected lacerations of the perineum is, as Mr. Rudyard Kipling would say, "another story."

To recapitulate: Prompt care of asphyxiated child: intelligent

and immediate attention to mother in case of hemorrhage; recognition of danger signal of elevation of temperature, and surgical cleanliness in care of all open surfaces. These are the points that may mean life or death to mother or child, or both, and these are the final test of the efficiency of a nurse. In many cases, however, not one of these emergencies arises, and this brings us to the consideration of several things which are second only in importance. These may be classed as the attentions which make for the comfort of the patient.

The ability of the mother to nurse the baby depends so much upon her night's rest, that the duty of the nurse is, to relieve her of the care of the infant as much as possible. The breasts should never be used to quiet a crying baby. If it is cross and fretful offer it water, and it will often quiet the little one at once. The proper care of the breasts add greatly to the comfort of the mother. The nipples should have been bathed in alcohol, camphor or listerine some weeks before confinement, so as to render them less sensitive, thereby preventing fissure of the nipple and possible sequela, abscess of the breast.

Remember that a fissured nipple is the starting point of an abscess; therefore, watch the nipples carefully. It is necessary, of course, to keep the nipple clean during lactation by bathing it with boric acid solution, and to keep the skin in a healthy condition by frequent applications of sweet oil or castor oil until the nipple becomes accustomed to its functions. If a fissure forms, or if the nipples are very painful, notify the physician at once, and receive instructions as to how the fissure is to be treated. Do not wait until an abscess has formed. Congestion and engorgement of the mammae occur in almost every case on the third day when lactation is instituted. This is most easily prevented by the use of the mammary binder. One which we use at the Woman's Hospital is made with three towels, one is folded wide to fit the back, the other two, which are to support the breast, are folded lengthwise, and are only half as wide. These are pinned to the back to form a V, the ends of which are brought to the front and snugly pinned. In drying up the secretions, should the breasts become hard and tense, hot camphorated oil compresses will give relief in a surprisingly short time. In caring for the new-born the cord should be regularly inspected for hemorrhage, at least every fifteen minutes during the first hour after birth. This should not be neglected in your attentions to the mother. Do not use force in rubbing the skin to remove the vernix caseosa; if not at the first washing, it can all be removed at the second. The child should be bathed each morning before, never directly after, a nursing. The nursing should be at regular intervals every two hours during the day, and every four hours during the night.

The mouth should be washed with a boracic acid solution

directly before and after each nursing. If sprue or thrush develops it is clearly the result of carelessness.

Never use a napkin which has been wet, without its being first washed. Never hang napkins to dry in the room used by the patient. An inflammatory condition of the skin of the buttocks, an intertrigo, is almost invariably the result of neglect. The cord must be kept very clean until it falls off, as the navel is the most frequent site for absorption of septic matter.

An obstetrical nurse bears a different relation to the family than a nurse in any other capacity. She stands between the comfort of the mother and baby at one hand, and the natural interest and curiosity of the rest of the family. The nurse should remember the fact that was mentioned at the outset, that the birth of a baby is a physiological process, and not a case of disease. While the nurse who loses her head in a serious emergency is useless, still, the nurse who combines with her ability to meet an emergency tact and forgetfulness of self, and the power to put herself in another's place, that will enable her to make her patient comfortable from beginning to end, is the nurse who will be called to a family a second time, and will be recommended to the friends of every patient she has.

In conclusion—concerning one point which you will agree with me is very “practical”—it will suffice for me to say that the trained nurse will find, as the doctor has long since found, that large wealth will not come to her through her practice in obstetrics, unless, indeed, that practice is largely among primiparae in what Dickens happily calls “the halls of the rich and the great.” This fact, however, will not influence the true nurse in her endeavor to aid her suffering sister in passing through the Gethsemane of womanhood. If we fail to achieve wealth or fame, if we are overworked, and often made to feel the chilly breath of human ingratitude, we may take comfort in the thought that no life earnestly devoted to the healing art can, in human economics, ever prove a failure.

GERTRUDE BRESLIN.

Woman's Hospital and Infants' Home, Detroit, Mich.

THE BELOVED WORK.—“If one only wants enough to complete a definite piece of work, I find that it gets itself done in spite of the insistent pressure of other businesses and the deadening monotony of heavy routine, simply because one goes back to it with delight, schemes to clear time for it, waits for it round corners, and loses no time in spurring and whipping the mind to work, which is necessary in the case of less attractive tasks. The moment that there comes a leisurely gap, the mind closes on the beloved work like a limpet; when this happens day after day, and week after week, the accumulations become prodigious.”—*A. C. Benson.*



TORONTO BRANCH.

The annual meeting was held on February 28th, at the residence of the Hon. Geo. A. Cox, who presided, and was in every way successful. The Chairman emphasized the necessity of the order. He said that the medical profession, who were generally opposed to the formation of the order a few years ago, now recognize it as one growing in usefulness, popularity and strength. Hon. Mr. Cox also referred to the fact that the City Council last year recognized the good work being done by the order and made a grant of \$300 towards the maintenance of the nurses' home on Spadina Avenue.

The annual report, presented by Miss Charlotte E. Eastwood, the Lady Superintendent, showed that the nurses had been called out to attend 461 cases, making in all 6,916 visits. The sum of \$1,745 was received from patients. Of visits made 1,335 were absolutely free, showing an increase of 378 over the previous year.

Dr. Harley Smith, who presented the medical report, pointed out that the nursing has been of the highest quality and that the order was accomplishing an excellent work in relieving the suffering poor. The financial statement, presented by Mr. D. R. Wilkie, showed that the receipts for the year amounted to \$4,474. The expenditure, which was about \$100 over the income, was made up by a contribution from Mrs. Wm. Mackenzie. The first Wednesday in February was fixed for the annual meeting of the order. Following are the officers for the current year: Governors, Mrs. J. Herbert Mason, Mrs. Samuel Nordheimer, Mr. D. R. Wilkie, Mr. Chas. Cockshutt and Mr. J. W. Flavelle; Hon. Treasurer, D. R. Wilkie; Hon. Secretary, Harry Vigeon; Assistant Hon. Treasurer, A. R. Capreol; Assistant Hon. Secretary, H. F. Vigeon; District Lady Superintendent, Miss C. E. East-

wood; Executive, Lady Thompson, Mrs. J. Herbert Mason, Dr. Harley Smith, Rev. John Potts, Dr. F. L. M. Grasett, C. Cockshutt, Mrs. W. Cummings, Mrs. S. Nordheimer, J. W. Flavelle, Hon Geo. A. Cox, Dr. John Caven, Rev. Canon E. A. Welch, D. R. Wilkie, J. Herbert Mason, Dr. Temple, Dr. T. D. Thorburn; House Committee, the ladies of the Executive Committee, and Mrs. W. D. Matthews, Mrs. J. W. Flavelle, Mrs. Winstanley, Mrs. T. Eaton, Miss Emily Merritt, Mrs. L. M. Coad, Mrs. A. J. Arthurs, Mrs. J. B. Maclean, Mrs. C. D. Warren, Mrs. Davis, Mrs. Capreol, Mrs. Grace, Mrs. Stratford, Mrs. W. F. Clark and Mrs. Otter.

Those present at the meeting were received by Mrs. Davis, daughter of Senator Cox, and at the conclusion of the business, tea was served in the dining-room.

HALIFAX BRANCH.

The following was the report of Mrs. William Dennis, President, read at the annual meeting of the Victorian Order of Nurses:

During the past year the work done has been over fifty per cent. in excess of any previous year. Our two nurses, Miss Mellefont and Miss Dodd, have with difficulty been able to overtake all the calls made upon them, and we are likely soon to have to face the problem of a third nurse, and how the funds shall be raised to support her. When we reported 2,315 visits made by our nurses in 1905—an average of over 41 a week, we considered they had done a good year's work, but in 1906 they have made 3,723 visits, an average of over 71 visits a week, and an increase of 1,408 visits over the previous year's record. Each month of the year 1906 the number of visits made has been in excess of the corresponding month of 1905. This means that the people are learning the advantages of having trained nursing and are finding out that the Victorian Order brings it within their reach, also that the work done enjoys the confidence of both the doctors and people. During the past year there has been a large increase in the maternity work. Each of the 299 cases nursed has its own interesting history. We could tell of work among the very poor in sick rooms, where there was nothing but a bed and one chair; of cases where the nurse herself had to make the fire and first borrow the coal with which to make it; of fourth-rate boarding houses, in which the mother and babe were two floors from any heat, and the water to wash the patient had to be carried up two flights of stairs; of the cleaning to be done, especially before operations, and of poverty so great that the whole tenement and sometimes the whole neighborhood had to be called upon to get the

necessary appliances. Of the 3,728 visits made during the year, 2,486 have been free visits; for 1,242 we have received small sums. In other words, for every visit for which remuneration has been received, two have been free. Many of those who are not of the very poorest class have only what they live upon from day to day, and when the breadwinner is laid aside that small sum ceases. The burden of illness always presses heavily upon them, and then nursing must be free or they must do without it.

But our patients have not all been of this kind. We have another most useful and very encouraging class of work, namely, that among the working classes—people who receive regular wages, quite sufficient for them to live upon in comfort, but allowing no margin for extras and for whom a trained nurse at \$10 or \$12 a week would be an impossibility. This class desires no charity and would very properly refuse to accept gratuitous services. They are able to pay for a portion of a nurse's time and desire to do so. District nursing meets this want by giving to one case the amount of time it requires and then passing on to another. In maternity cases an hour or an hour and a half makes the mother comfortable, washes and dresses the infant and ensures that there are none of those evils which arise from improper nursing and want of rigid cleanliness. Persons usually pay for such services 25 cents a visit—12 visits, which is the average number for maternity cases, costing \$3. Grateful patients have, on more than one occasion, handed the nurse \$1 in excess of the charges. We have received for the 1,237 visits \$273.50, an average of 22 cents a visit. Each visit costs the order a little over 44 cents, so even these patients have received their nursing at half its cost. This class of work has been very encouraging from the fact that the nurses have been able to show the friends or relatives how they care for the patient and it has been most gratifying to see the improvement made and the pains taken to do everything as the Victorian nurse does it. In all cases the aim of the order has been to bring trained nursing within the reach of those who cannot get it unaided and who would suffer without it.

Though 170 out of 299 of our cases have been maternity cases, our work is not confined to such, as our 129 other patients can testify. Thirteen of these have been chronic cases. Thirty-four operations have been attended by the nurses. These have covered all kinds of cases, from the lancing of an abscess to the amputation of a leg, and in all their services have been invaluable to the doctors. The last offices have been performed in 21 cases. Nor has the work been confined to the day, as the 51 nights of duty testify.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

— Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

MONTREAL.—St. John Evangelist, third Tuesday, 8.15 p.m.
District Chaplain—Rev. Arthur French, 1773, Ontario Street.
District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA.—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO.—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

The January and February meetings of the Guild of St. Barnabas were held as usual on the last Friday in the month. In January at 3.30 p.m., and in February at 8 p.m. The alternate afternoon and evening meetings are found to be better, as it gives all the members a chance of attending. The attendance was not large, but there appears to be a feeling of greater interest in the work of the Guild among the nurses than formerly.

The chaplain, Canon Welch, is reading a book at the meetings, "The Pilgrim's Hospice," a book on the Holy Communion. The writer, David Smith, M.A., in the preface says, "It is an attempt to tell something of the comfort and sweetness which I have found in the mystery of the Holy Communion." It certainly will be found to be a help to the members of the Guild of St. Barnabas.

Another book which every member should read, and which everyone would take a great deal of pleasure in reading, is "In Watchings Often," by the Rev. E. E. Holmes. It is a collection of addresses given at the Annual Retreats of the G.S.B. in St. John's House, London. Every nurse, who realizes her responsibility, on reading some of these most beautiful addresses, will be helped and encouraged. The Toronto branch has a copy of the book, and the Superior, Mrs. Welch, will be delighted to lend it to any nurse who wishes to read it.

8 Cawthra Square.

GWYLADYS F. OWEN.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

In comforting others shalt thou be comforted; in strengthening others shalt thou find strength; in loving shalt thou be loved.

I HAD A FRIEND.—“What is the secret of your life?” asked Mrs. Browning of Charles Kingsley; “tell me that I may make mine beautiful, too.” He replied, “I had a friend.” The reverence this implies borders close on worship and the ennoblement that comes from that.—*William Gannett.*

Grenfell of Labrador.—Do you want to see a man out of the Bible? Go to hear Grenfell, of Labrador. All your life long, maybe, you have wondered how men looked and spoke who “left all and followed Him.” You can see the bearing of such a man to-day. Have you ever known people to whom life is really simple, who see everything in a white light, who march like soldiers all day long and every day in the year, who work miracles because they give up everything else, and eat, breathe, think and pray for Africa, Labrador, or the submerged tenth, the one desire of their hearts? If you have, then you have known Grenfell. Such a man was Livingstone, whose name still marks a tree by the Falls of the Zambesi. . . . Grenfell's voice is the voice of a prophet of the twentieth century. Do you think you will have a chance to hear many other voices like that?—J. R. M., in *The Toronto News.*

One stone the more swings to her place
In that dread Temple of Thy worth—
It is enough that through Thy grace
I saw nought common on Thy earth.

Take not that vision from my ken;
O, whatso'er may spoil or speed,
Help me to need no aid from men,
That I may help such men as need!

—RUDYARD KIPLING.

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NO. 4

Editorial.

THE GRADUATE NURSES ASSOCIATION OF ONTARIO.

As the Annual Meeting of the Graduate Nurses' Association of Ontario is drawing nigh, we hope all its members are making their arrangements so as to be present. There are important matters to be discussed, including at least five proposed changes in our by-laws, on which we are anxious to get the general opinion. The voting for officers may be done at home, but the altering of the by-laws can only be done in a general meeting, and we hope everyone will take part in this responsible duty.

It is expected that a scheme will be proposed by which the graduates in the far-away towns, and all our undergraduates, may become thoroughly acquainted with the important subject of "State Registration."

Isolated nurses, and those still in the training school, have not much chance of knowing what is being done towards obtaining registration, or getting an insight into the necessities for, and benefits of, registration.

To get the sympathy and interest of the undergraduates in our work seems most desirable. In another year many of them will, we hope, be members of the Association. If they know what it is all about, they will be much more enthusiastic members.

In the matter of registration, it is most important that the nursing body of Ontario should be a unit. It is not the prominent few, but the large body that affects public opinion, and when we have public opinion in our favor the Legislature will not turn a deaf ear to us.

Dr. W. Harley Smith has promised us a paper on "Recent Advances in Medicine." Those of us who know Dr. Smith as a speaker are certain a treat is in store, and that practical knowledge will be imparted, which we can make use of in our profession.

Lest we get too serious, Mrs. Jean Blewett has been good enough to consent to brighten the occasion by giving us some of her sympathetic recitations.

The meeting will be held in Court Room No. 1, Temple Building, Bay and Richmond Streets, on Saturday, March 30, at 2 p.m. And not only the members, but all graduate and undergraduate nurses, will be cordially welcome. Members are requested to bring with them to the meeting the printed slips containing proposed changes in the constitution. This is important, as further copies cannot be had.

C. E. EASTWOOD.

A CREDIT TO THE PROFESSION.

Miss Cross, of the private staff of the Middlesex Hospital, accompanied her patient, who was a member of Sir Alfred Jones' party, to Kingston, and the *Nursing Times* contains a deeply interesting account of her fortitude and great usefulness, especially as assistant to Dr. Evans on the Port Kingston. Dr. Evans performed one hundred operations for the wounded, and he and Miss Cross had to go straight on working for twenty-four hours. Dr. Evans says, in the *British Medical Journal*: "To Nurse Cross I owe an everlasting debt of gratitude. Jamaica should ever remember her." On the return voyage Miss Cross had not only some of the sufferers, but also several cases of typhoid. Unfortunately, all the laundry was on shore and after the earthquake could not by any means be got back, so that really they had no clean clothes! On February 1st the ship entered port, and Miss Cross having left her patients in Bristol Hospital, went straight through to London and to the Middlesex. She says that she was "absolutely amazed at the ovation that awaited me. I only did my duty after all, and there is not a trained nurse living who would not have done the same."

A CANADIAN SUPERINTENDENTS' ASSOCIATION.

The Superintendents of Hospitals and Training-schools for Nurses in Canada have frequently spoken of forming an association to be organized at no distant date. Correspondence with this end in view has been carried on by Miss Snively, Lady Superintendent and Superintendent of the Training-school for Nurses, Toronto General Hospital. It is proposed, as a number of superintendents will be in Toronto at Easter, to take this opportunity for holding a conference on the subject, and providing for organization. We are informed that it is also proposed to organize an Ontario Hospital Superintendents' Association. On this matter we hope to have fuller information to present to our readers in our May issue.

Editorial Notes.

CANADA.

January and February.—The board return sincere thanks for some thirty copies, kindly returned at their request. There are still thirty-two requests for January numbers and five requests for February numbers unanswered, and any further copies will be gratefully received.

The Eight Hour System.—The jury empanelled recently in regard to the death of a patient at St. Michael's Hospital recommended that the number of hours on duty for nurses in hospitals should be reduced to eight.

UNITED STATES.

The United States.—The "History of Nursing" by Miss Nutting and Miss Dock, is rapidly approaching completion, and will be published, in two volumes, in June next. It will be finely illustrated, and will not only be *the* work on the subject, but will be a volume of great interest to the general public.

ENGLAND.

Catholic Nurses Association.—On the Feast of St. Francis de Sales (January 29th), the new Church of the Sacred Heart, attached to the Convent of the Visitation at Harrow-on-the-Hill, was opened with solemn services. His Grace the Archbishop of Westminster preached. The beautiful building is in late fourteenth century Gothic style, and has accommodation for the seventy sisters and one hundred visitors. We offer kind congratulations on the completion of a building which has already an interesting history. Four years ago, through the negligence of the builders, the newly-built chapel was structurally defective and had to be rebuilt. The present structure was erected to replace it with the proceeds of a lawsuit against the builders.

Superintendent of School Nurses for London.—Miss Helen L. Pearse (St. Bartholomew's), formerly Matron of the Great Northern Central Hospital, has just been appointed to this important position. The salary will be £200, rising to £300, with travelling expenses, and hours on duty from 9.30 a.m. to 4.00 p.m.

SPAIN.

The Rubio Institute.—A monument has recently been unveiled by King Alfonso in Madrid to Dr. Pederico Rubio, the founder of the only institution in Spain where nurses were trained. His daughter carried on his work with great courage and generosity, but unhappily adverse influences prevailed, and as the account in *The Nursing Times* states, "not a trained nurse is left in Spain." But *Magna est veritas et prevalebit*.

Obituary.

PETERS.—The death of Dr. George A. Peters, F.R.C.S., of Toronto, on March 13th, is a great loss to the medical profession and to the nurses throughout Ontario, and leaves an empty place which no one else can fill. He had great abilities and many virtues, and was in the very foremost rank of Canadian surgeons. Honorable, upright, conscientious, thorough, skilful in all his work, he has left behind him a name and a reputation which all those who had the privilege of working with him will hold in respectful and affectionate remembrance. Dr. Peters died of angina pectoris, at the early age of 48. The deepest and kindest sympathy of all will go out to his young widow and his two little children.

HURCOMB.—It is with great regret that we announce the death of Miss Deborah Hurcomb at Buffalo on Thursday, Feb. 28th. She was one of the most widely known of the graduates of Montreal General Hospital and was a general favorite among all the nurses, both in Montreal and in Ottawa. Miss Hurcomb eight years ago as a volunteer nurse performed excellent service in the face of adverse conditions during an epidemic of typhoid fever in Low Township, and later was a nursing sister of the Army Medical Corps, with the rank of lieutenant, in South Africa. She was superintendent of the Perley Home when she enlisted as nurse with the second contingent. She returned to Canada and again went to South Africa. Returning a second time, she engaged in private nursing. Miss Hurcomb was buried at Ottawa, the funeral taking place from the residence of her brother, Mr. J. M. Hurcomb.

TAYLOR.—At the General Hospital, Stratford, January 29th, 1907, after an illness of five weeks, Margaret Melita Taylor, aged 22 years. She had completed a most successful year, and the future was filled with the brightness of the sunny disposition that was peculiarly her own. Clever, happy, in all her work conscientious, her death is but a transition to a brighter duty beyond.

SPRINGER.—The sad and untimely death of Miss Elizabeth Matilda Springer, daughter of Mr. Joseph Springer, of Zion, took place at the residence of her brother, Rev. A. R. Springer, Alma Street, on Friday evening, after a short illness, of la grippe, followed by pneumonia. The deceased young lady had graduated as a trained nurse at the Berlin and Waterloo Hospital about a month ago, and had entered upon her duties as a private nurse when she took ill, with the result that her career as a professional nurse was very brief. Miss Springer was beloved by all with whom she was acquainted, and especially by those whom she cared for as nurse at the B. and W. Hospital during her years of training.

Clinical Department.

RECTAL ALIMENTATION.

Rectal alimentation has been defined as the temporary sustaining of a patient by mechanically introducing food substances through the anus into the rectum and colon. The rectum proper, the last six inches of the large intestine, has but very limited power of absorption, but experiments have proven that the colon has decided assimilating power, though the digestive ferments are weak and somewhat uncertain in action. As every nurse knows, feeding by rectum is resorted to only in the most serious cases. Very often the patient's life depends on being able to continue the treatment, and the minutest details are, therefore, important. It is not sufficient to simply inject the food substance into the bowel; the nurse should know the underlying principles—the points that make for success, the reasons for failure.

Thompson, in "Practical Dietetics," classifies the conditions in which rectal feeding may be advantageously employed as follows: Temporary obstruction to the entrance of food into the alimentary canal; inability to swallow food from coma, delirium, or paralysis that interferes with swallowing; extreme irritability, pain, acute inflammation or ulceration of the upper portion of the alimentary canal; stricture occurring in any part of the alimentary canal above the rectum; prolonged reflex vomiting, such as may occur in pregnancy; gastric ulcer; cancer of the stomach; any severe form of gastric irritation; exhausted condition of the system which may be present during the course of severe fevers; for the insane who refuse food by mouth; to supplement the action of a feeble stomach, or when for any reason emaciation is rapidly progressive.

Position.—The best position is on the left side, with hips elevated. In case of nervous or hysterical patients, it may be necessary to use the knee-chest position. There are numerous conditions in which it may be wise to give the injection with the patient in the dorsal position.

General Rules.—The success of the treatment depends very largely on the nurse's attention to the following rules:—

The rectum must be free from mucus or faeces before giving the injection. The bowel should be thoroughly washed out at least once daily. Two or three quarts of water may be used, to which a small quantity of common salt has been added. This washes out particles of waste matter, cleanses the mucous surfaces, stimulates its circulation, and prepares for better absorption.

Irritability of the rectum must be relieved as quickly as possible. The presence of hemorrhoids presents serious difficulties. In such cases a soft, flexible catheter should be used. To guard

against the local irritation, a local application of a two-per-cent. solution of cocaine is often used.

Vaginal tampons should always be removed.

In case of an easily irritated rectum, when it is necessary to use the nutrient enemata constantly, it may be advisable to inject with a small hard rubber syringe a dose of tincture of opium, diluted with about a half ounce of water, half an hour before the feeding. This method is often preferable to adding the laudanum to the food substance to interfere with its absorption. By giving the opium alone, the local sedative action is obtained before the larger bulk of the food substance is received. When opium is used, the nurse should watch closely the effect, use every possible means to have it retained, and when it has to be used, give the smallest possible dose to get the desired effect.

The temperature of the nutrient substance should be about 90 to 95 F.

The number of feedings depends greatly on conditions. To give oftener than once in three hours is almost certain to cause irritation that will lead to rejection. Once in six hours is very often sufficient to start with, increasing to once in four hours if occasion seems to demand.

The ordinary fountain syringe with the short nozzle should never be used. The Davidson syringe also is very undesirable for this purpose. As good an apparatus as any for this purpose is a long, soft rubber flexible colon tube attached to a small funnel. The glass barrel of an ordinary two ounce or four ounce glass syringe from which the piston has been removed or broken makes an excellent funnel for this purpose. The tube should be firm enough not to double on itself or "curl up" in the rectum, but not stiff enough to give pain or damage the lining of the bowel if it happens to catch in a fold of its surface.

For children a No. 12 or 14 flexible soft rubber catheter answers admirably.

Even the lubricant used is important in such work. Glycerine has a tendency to excite peristalsis, and is therefore prohibited. Olive oil, vaseline, or even melted butter or lard may be used. The tube should be passed up at least twelve inches in the adult. The higher it is given, the more likely it is to be retained and speedily absorbed. If the injection is given but a short distance into the intestine a comparatively small proportion of it is absorbed. The injection should be given very slowly, and the tube as slowly removed. Air should not be allowed to enter the rectum. To avoid this, it is well to fill the tube with the fluid before inserting it. The greatest objection to the Davidson syringe is that air is likely to be drawn up with the fluid and forced into the bowel to excite peristalsis. The same thing may occur with the fountain syringe, or, in unskilful hands, with the funnel and tube. If it becomes necessary to inject whiskey, it should be diluted with about three times its volume of water. Whiskey given with milk has a tendency to cause coagulation.

Food Substances.—Of the different food substances that may be used in rectal alimentation, it is important to use only such materials as will leave but little residue that is incapable of absorption. Any other food acts as a foreign body and produces a more or less irritant effect. Starches and fats are scarcely taken up at all. Fats not only are not absorbed, but by coating over the mucous surfaces of the bowel prevent other food being assimilated. Egg albumen is absorbable, but better results are obtained by at least a partial predigestion. The absorptive process is furthered by adding about fifteen grains of table salt to each egg. The yolk of the egg contains too much fat to give it any value in rectal feeding. Experiments have shown that about 35 per cent. of the nitrogenous element of raw eggs is absorbed. When salt is added the amount absorbed is doubled, and when peptonized about 75 per cent. is absorbed.

Much experience has shown that pancreatinized milk, not too rich in cream, is one of the best of all foods for use in nutrient enemata. The white of the egg added to the milk makes a very satisfactory combination. Some authorities consider that better results are obtained by combining the white of the egg with one of the pepton solutions or meat extracts.

The whole subject of rectal feeding is worthy the most careful study and observation on the part of nurses. The difference between the skilled nurse who observes rules and notes the minutest details, and the bungling or careless nurse who goes through the business without realizing how much depends on her methods—the difference between these two nurses means the difference, very often, between life or death to the patient.

BE PITIFUL, BE COURTEOUS.—It is easy enough to be pitiful—to be pitiful to the strong man who has become a consumptive wreck, to be pitiful to the young girl who has lost her beauty from some malignant disease, to be pitiful to the little child who will be an invalid for life; but it is not so easy to be courteous to the chronic nerve-case, the fanciful old man, the crotchety old woman or the fractious old lady. How little do we realize the effect of our behaviour on the patient! Think, if all the patients you have nursed, dead and living, could come and stand beside their beds once again, pointing to some tablet recording the effect your life had upon them! What would be recorded of you! . . . How encouraged and brightened our own lives might well be! We thought it all so dreary and matter-of-fact, so full of common-place routine and duty, we thought we were doing so little because we saw no great results, and all the while we were exercising, unconsciously, an influence.—CANON HOLMES, "*In Watchings Often.*"

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Ontario Graduate Nurses' Association.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnae Association.

The Fergus Royal Alexandra Hospital Alumnae Association.

The Galt General Hospital Alumnae Association.

The Guelph General Hospital Alumnae Association.

The London Victoria Hospital Alumnae Association.

The Kingston General Hospital Alumnae Association.

The Montreal General Hospital Alumnae Association.

The Montreal Royal Victoria Hospital Alumnae Association.

The Ottawa Lady Stanley Institute Alumnae Association.

The St. Catharines General and Marine Hospital Alumnae Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnae Association.

The Toronto Grace Hospital Alumnae Association.

The Toronto Hospital for Sick Children Alumnae Association.

The Toronto Riverdale Isolation Hospital Alumnae Association.

The Toronto St. Michael's Hospital Alumnae Association.

The Toronto Western Hospital Alumnae Association.

The Winnipeg General Hospital Alumnae Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss E. McGrath, Miss C. M. MacRae, Miss M. H. Smyth, Miss M. C. Watson.

POSTINGS AND TRANSFERS.

Sisters.—Miss M. L. Harris, to Devonport, from trooping duty, S.S. "Plassy"; Miss E. H. Hordley, to Portsmouth, from South Africa; Miss K. Pearce, to Pretoria, from Standerton; Miss A. A. Wilson, to Middleburg, Cape Colony, from Wynberg.

Staff Nurses.—Miss E. G. Barrett, to the Millbank, London, from Portsmouth; Miss K. Roscoe, to Egypt, from Netley; Miss H. M. E. Macartney, to Egypt, from Woolwich; Miss A. C. Mowat, to Gosport, from the Millbank, London; Miss H. Winzer, to the Millbank, London, from Gosport.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

OFFICERS, 1906-7.

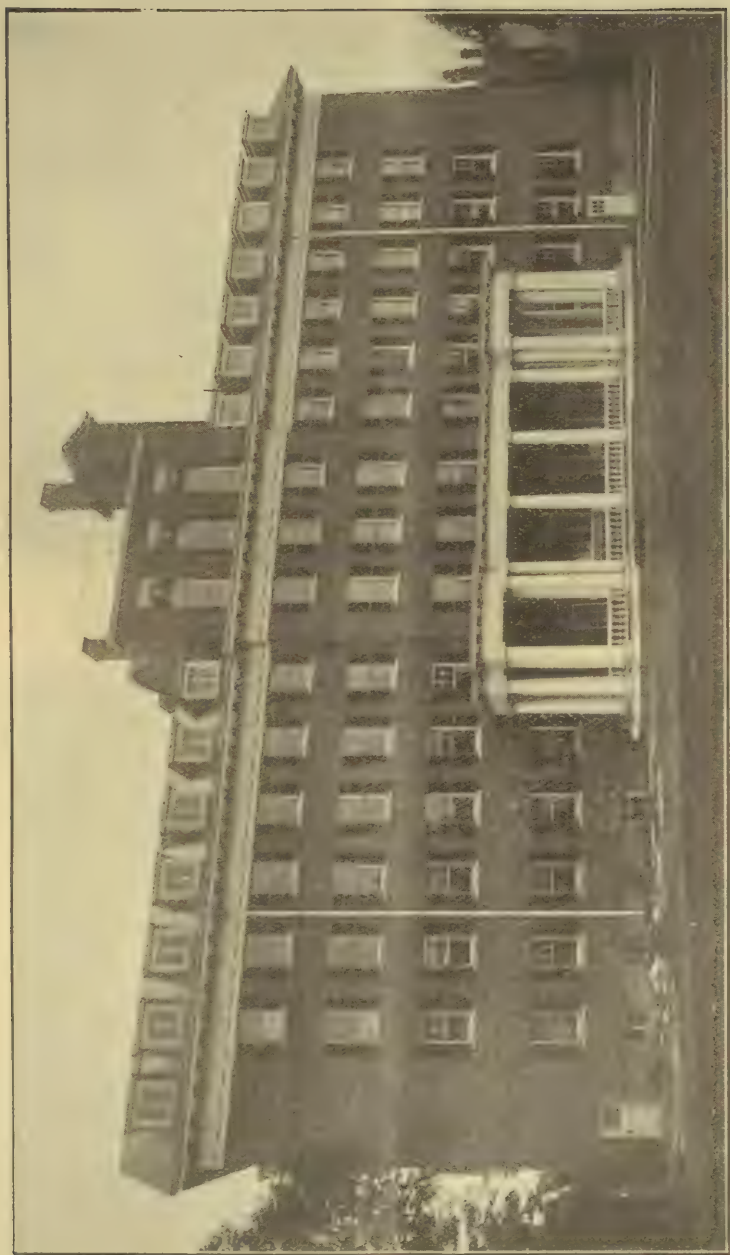
President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

CONVENERS OF COMMITTEES.

Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Mrs. Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

THE MARIA LOUISA ROBERTSON HOME FOR NURSES.

The following views of the Maria Louisa Robertson Home for Nurses, the Hospital for Sick Children, Toronto, are inserted by kind permission of Mr. J. Ross Robertson.



THE NEW RESIDENCE FOR NURSES OF THE HOSPITAL FOR SICK CHILDREN, ERECTED, FURNISHED AND
PRESENTED TO THE HOSPITAL BY MR. J. ROSS ROBERTSON.



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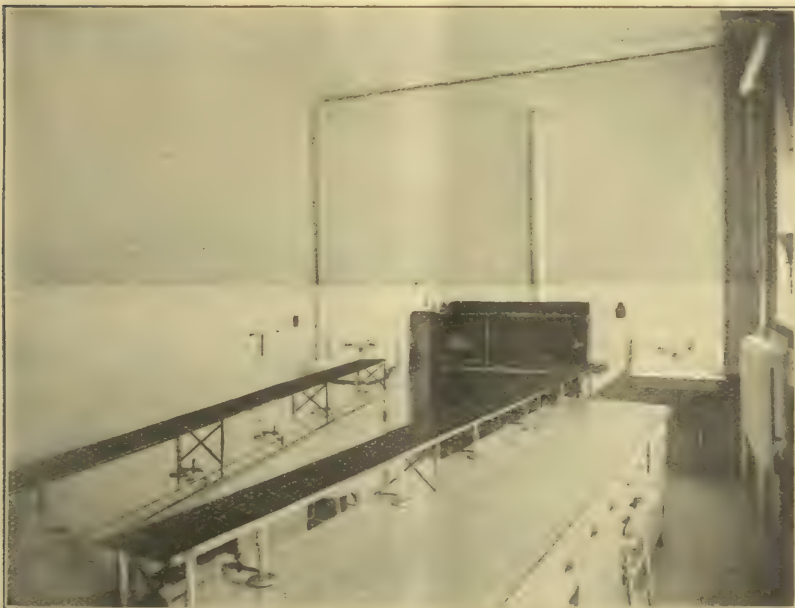
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SWIMMING POOL, WEST END, PLATFORM AND SHOWER BATHS.



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THE MUSIC-ROOM.



THE NURSES' PARLOR—SECOND FLOOR.



THE LECTURE-ROOM—GROUND FLOOR.



THE GYMNASIUM—NORTH END.



THE GYMNASIUM—SOUTH END.



THE DIET KITCHEN—WEST END.



EAST END OF THE SWIMMING POOL.

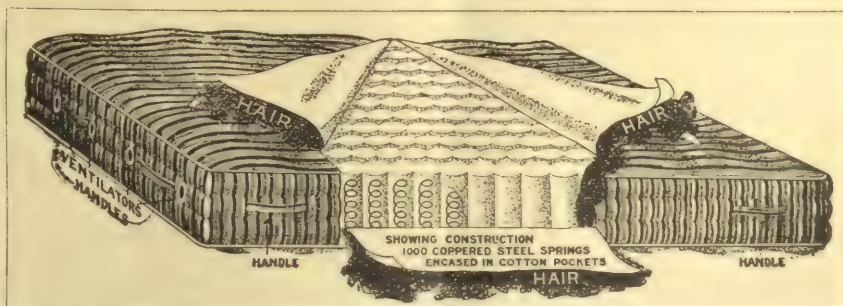


"I!" said the student;
 "It's best to be prudent—"

"I said
Bovril"



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This is the only Mattress on which a patient can be turned without lifting, recommended by all Physicians. Sold subject to trial and money refunded if not satisfactory.

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MENDING RUBBER GLOVES.—Dry both sides. By filling with air find holes. For patch material select thin, smooth, strong rubber (from gloves discarded). The side that will be applied to glove to be cleaned with gasoline, and roughened slightly with sand-paper. Cut patch size required and round corners. Hold perforated spot smooth over finger, but do not stretch. Clean and roughen as patch material. Apply cement to glove with hair brush; put patch on quickly and hold firmly till there is no tendency to curl. After all discoverable holes are mended test again; this time by inflating the glove, *and holding under water*, where any remaining holes will be at once shown by rising bubbles. Mark these spots with white powder; spread glove to dry, and proceed as before. When all are mended and have again stood the under water test, dry, powder both sides and pair.

The Operating Room, T.G.H.

E. THORPE.

DIET COOKING (New York State nurses' examination, Friday, February 1st, 1907, a.m.).

1. What effect has cooking on meat?
2. Give recipe for veal broth made from a half pound of veal.
3. State the length of time required to cook properly the following cereals: Rolled oats, Irish oatmeal, steamed rice, cornmeal mush.
4. How would you make a flour ball?
5. Give recipe for making an oyster stew containing a pint of oysters.
6. How would you determine whether or not an egg is fresh?
7. Which is the more quickly digested, a raw egg or a soft boiled egg? Why?
8. Give a recipe for an egg sandwich.
9. Give the general rules for making custards.
10. How would you bake a banana and prepare it for a patient?

KEEP CLEAN.—It is a strange thing, that, although so much has been written on the sterilization of the hands, very little importance is attached to the advisability of preventing them from becoming infected. Avoid handling septic wounds and dressings. Familiarity breeds contempt, and where there are many septic wounds to be dressed it is difficult, perhaps, to avoid conveying infection; but with a pair of dressing forceps and plenty of artificial sponges it is quite easy to dress a case without touching any septic material.—*Mr. G. Stokes Hatton.*

Special Notice to our Out-of-town Customers

WE prepay Freight or Express (we reserve the right to ship the cheapest way) on all orders of \$25.00 and over, going forward in one shipment to your nearest railway station in Ontario, Quebec, New Brunswick, Nova Scotia and Prince Edward Island, on all goods except Furniture, Springs, Mattresses, Refrigerators, Organs, Stoves, Baby Carriages, Salt, Sugar and Flour.

To obtain advantage of this offer your shipment must amount to \$25.00 over and above the exceptions named.

If you cannot make your order large enough to secure the advantage of free delivery, get your friends near by to join you and send the orders together and we shall forward the goods in one shipment.

THE T. EATON CO.
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TORONTO, CANADA

Correspondence.

A LETTER FROM BALTIMORE.

DEAR MADAM,—I want to tell you how much I enjoy your journal. I am now doing private work, and will look forward more than ever to the coming of THE CANADIAN NURSE.

Baltimore, Md., February 11, 1907.

TWO THOUSAND SUBSCRIBERS.

DEAR MADAM,—We are only too delighted to be able to help THE CANADIAN NURSE in such a slight way as getting a few new subscribers, but I will never rest content till we have over two thousand subscribers.

—town, Ontario, February 14, 1907.

A LETTER FROM SCOTLAND.

DEAR MADAM,—Of course you know how I have always had the interest of the profession at heart, and especially of our CANADIAN NURSE, and though married I will never desert those interests, so I will still be heard from. Just at present I am paying a round of visits to my Scotch relatives and friends. I am already finding my health very much improved by my native air, and am just here at the right time for all the "swing" of the lectures, concerts and general literary and educational work.

I see by to-day's paper a letter from Mrs. Bedford-Fenwick, re registration of nurses, which I enclose. The Scotch people are awakening to the fact that the nursing profession needs attention as to the primary education of a probationer being of a high standing, also to limit the "output" of partly trained nurses. I find there are a great number of private hospitals and sanatoria which take women and train them for a year, giving them certificates at the end of that period, and of course these nurses go on other cases if they cannot find nursing in their own particular branch.

"Spotted fever" is causing a great excitement, having appeared first in Belfast, and now there are cases in all the large cities in the three countries. The physicians in high authority here have sent to Germany for a special serum, and in Belfast they have a celebrated German bacteriologist looking into and trying to trace the cause of the disease. Apparently it is not confining itself to the poor class, as one of the latest victims is a well-known music teacher here, but hopes are entertained of her recovery.

These are just a few "items" gathered by the way. I am going to try and arrange a meeting with Mrs. Bedford-Fenwick, and so get the news, re registration, first hand.

Edinburgh, Scotland, February 11, 1907.

ANTISEPTIC *Non-Acid* **SOZODON** **ALKALINE**

Liquid - Powder - Paste

Teeth of persons subject to an acid or bilious stomach are liable to discoloration, which requires extra friction to remove. The Liquid, and Powder or daily, will soon remove all ous adhesions and leave the and white, imparting a refreshing feeling to the mouth.

Very satisfactory results are obtained from using



Paste, used such tartar-teeth clean

LIQUID SOZODONT

at night, and

SOZODONT TOOTH POWDER, OR PASTE

in the morning.

THE MINISTERING ANGEL

Hospital and Training School Department

OUR SUBSCRIBERS WILL CONFER A FAVOR UPON US BY REPORTING AT ONCE IF THE CANADIAN NURSE IS NOT IN THEIR HANDS BY THE FIRST DAY OF EACH MONTH. ADDRESS ALL COMMUNICATIONS, "THE CANADIAN NURSE, TORONTO."

MISS MOODIE, of Calgary, will spend some time in California this winter.

MISS JEANETTE DUNCAN has taken charge of the Out-door Department, M. G. H.

MISS JEAN MATHESON has resigned as Lady Superintendent of the Kamloops Hospital.

MISS CORNETT has been appointed to the staff of the Victoria Hospital, Prince Albert, Sask.

MISS RUTHERFORD and Miss Flaws, of Calgary, will spend some months in Victoria, B.C.

MISS SARAH RIDDELL has been appointed Superintendent of the Cottage Hospital at Moosomin, Sask.

MISS FLORA DUNCAN, Class '06, M.G.H., is ill with typhoid fever at the General Hospital, Montreal.

OWING to the illness and death of her sister, Miss Smith has given up her work in Blind River Hospital.

WE are pleased to hear that Miss Smedley is able to be up now every day, and hope for a speedy recovery.

MISS LINDSAY (T. G. H.), is now Nurse-in-Charge of the Tuberculosis Clinic at Toronto General Hospital.

THE Aberdeen Society will send a library of books to the Deep Sea Mission Hospital at Harrington, Canadian Labrador.

MISS ALLISON, graduate T. G. H., has accepted the position of night supervisor in the Jewish Hospital, Cincinnati, Ohio.

THE Toronto Western Hospital has been fortunate in securing the services of Miss Woodland during Miss Smedley's illness.

MISS HILTON (W.G.H.) has been appointed Assistant Superintendent of the Royal Columbian Hospital, New Westminster, B.C.

MISS LILLIAN ARCHIBALD, graduate of Victoria General Hospital, Halifax, N.S., has been appointed Victorian Order Nurse for the district of Baddeck, N.S.



One of these special bottles
of GLYCO-THYMOLINE will be
sent

FREE
Express Prepaid

to any TRAINED NURSE on
application.

We want you to know the
value of GLYCO-THYMOLINE.
It stands on its merits.

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Swedish Movements, Medical and Orthopaedic Gymnastics

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The different branches of Instruction may
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All Students Get Hospital Experience

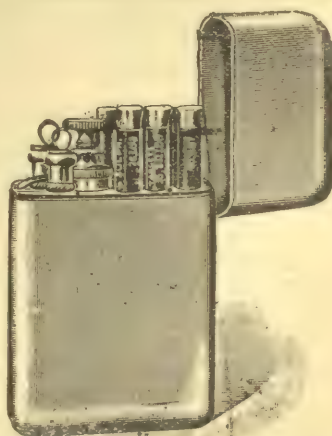
Spring Classes open May 15th, 1907

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MISS FLORENCE INGLEHART, graduate Parry Sound Hospital, has accepted a position in the Nyack Hospital, Nyack, New York.

MISS POLSON, graduate Grace Hospital, Toronto, has gone to the Lakeside Hospital, Cleveland, to take charge of the operating room.

MISS DAISY BROWN, Toronto H.F.S.C., has resigned her position in the hospital to take a few months' rest and is going south.

MISS HARTLEY (T. G. H.) received a warm welcome from her many friends on her return to her duties as night superintendent.

THE M. G. H. nurses in training had their annual drive to Lachine during the last week in February. It was very much enjoyed by everybody.

MISS FLORA LINKLETTER, who has been connected with the nursing staff of the Dauphin General Hospital, has resigned, owing to ill-health, and has gone home to rest.

DR. E. M. VON EBERTS (see another page) gave a most interesting lecture on Opsonic Index to the members of the M. G. H. Graduates' Club at the General Hospital, Montreal.

PLANS are being prepared for the new wing of the General Hospital, Stratford, the work to be commenced in the spring. It will supply much needed additional room to the hospital.

MISS McDUFFIE, Matron of the Victorian Order Hospital, Thessalon, is taking a long leave. Her place has been filled by Miss Edith Essey, graduate of Victoria General Hospital, London, Ont.

A MOST interesting description of the new Nurses' Home, W. G. H., appears in the first number of the *Alumnae Journal*. The building must be a beautiful one, and the housewarming was a great success.

MISS HEWSIE, graduate of the General Hospital, Hamilton, and Miss Kennedy, the Hammond Hospital, Erie, Pa., have been appointed by the Nurses' Social Club to represent the outside nurses on the Registry Committee.

A CHARITY BALL, in aid of the Swan River Cottage Hospital, was held at Durban, a village twenty miles from Swan River, on February 8th. A "Burns' Night" was held in Swan River in January in aid of the hospital.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

MARTIN H. SMITH COMPANY,
NEW YORK, U. S. A.

MISS ELIZABETH ROSS, M.G.H. '05, has resigned her position as nurse in charge of the Out-door Department, M. G. H., and has left to take charge of the Solway General Hospital, Detroit.

MISS FLORENCE KINGSTON, graduate of the Johns Hopkins Hospital Training School for Nurses, Baltimore, is in New York, taking a post-graduate course at the Sloan Maternity Hospital.

MISS WINNIE MALCOLM, graduate of Dauphin General Hospital (1903), who has been practising in Winnipeg for four years, has given up her work, and is at present visiting her parents in Dauphin.

MISS CRAWFORD, of Winnipeg, is having a delightful visit in Scotland with her relatives. We are glad to learn that her health is very much improved by her native air. She sails for home on April 11th.

MISS M. EMMA YOUNG (T. G. H.) is at present in charge of the Pavilion. Miss Young, we are glad to say, is looking very well after her term of duty as night superintendent during the absence of Miss Hartley.

EXTENSIVE alterations are being carried out at the Garrison Hospital, Halifax, where the Superintendent, Miss Pope, R.R.C., and her assistant, Sister Macdonald, both of the Canadian A.M.S., have had a very active service this winter.

MISS BELLE CROSBY, Chairman of the Toronto Central Registry for Nurses, has gone to England for a few months' travel. Miss Burkholder has been appointed by the General Hospital Alumnae Association to represent Miss Crosby during her absence.

MRS. W. J. BASSETT, Women's Board of Management, G. and M. Hospital, entertained at the tea hour on Saturday, February 16th, and among the many guests were several of the graduates and the Superintendent and senior nurse-in-training of the hospital.

WE learn from the *Alumnae* that the Emergency Typhoid Hospital has been converted into a temporary hospital for tubercular patients, Miss Barrie (Ogdensburgh Hospital) being in charge, and that the W.G.H. nurses are now taking a course in district nursing as part of their work.

MISS RAHNO AITKEN, Superintendent of the W. G. H., Montreal, has resigned her position. The Board, who were most unwilling to accept it, are trying to have the new building ready before her departure. Miss Aitken's engagement, it is understood, will be formally announced shortly.

Dr. Bruce Smith's Annual Report on the Hospitals and Charities of Ontario, is a deeply interesting document. The doctor deals with the Toronto hospital situation, Psychopathic hospitals, fire protection, consumption, and especially with the care of feeble-minded women. The report is well illustrated.

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86 St. Peter St., Montreal, Canada

ST. JOSEPH'S HOSPITAL, Victoria, B.C., has eighty beds.

TORONTO GENERAL HOSPITAL has just added twelve to its staff of nurses.

ONE of the best private hospitals in Victoria, B.C., is at 66 Rae Street, Miss Jones' Private Hospital.

MISS SOMERVILLE has left for Edmonton, Alta., where she has accepted the position of night supervisor in the Edmonton City Hospital.

MISS ALICE J. SCOTT (T. G. H.) spent a fortnight at her home in Toronto on her way from Hartford, Conn., to Kingston General Hospital, of which she has been appointed Lady Superintendent.

IN addition to the hospitals of Victoria, there are three other hospitals on Vancouver Island, at Chemainus (Matron, Miss Martley, a graduate of Winnipeg General Hospital), at Nanaimo, and the Naval Hospital, at Esquimalt.

THE Isolation Hospital of Victoria, B.C., adjoins the Royal Jubilee, but is under the control of Dr. Herman Robertson, M.H.O. Mr. and Mrs. King are in charge, and if many cases are admitted other nurses are engaged.

MISS ELLA A. BRIDGELAND, graduate of Grace Hospital, Toronto, who has been taking a post-graduate at the Woman's Hospital, New York, has been appointed to take charge of the new sterilizing department of the latter hospital.

THE regular monthly meeting of the Collingwood General and Marine Hospital Alumnae was held February 7th. The attendance was good, and a very interesting paper was read by Miss Dawson, the subject being "The Necessity of Organizing County Associations."

MISS COTTER (W. G. H.) is in charge of the General Hospital, Carman, Man., during the absence of Miss Venables, the Lady Superintendent, who is spending her holiday at San Pedro, California. Miss Venables has been in charge since the opening of this modern and well-equipped hospital two years ago.

THE Royal Jubilee Hospital, Victoria, B.C., has just opened a new children's ward. It is situated just outside the city and has public, private and semi-private beds, about fifty in all. The resident Medical Superintendent is Dr. Haselt, and the Lady Superintendent is Miss McDonald. About twenty pupil nurses are in training and the course is two years and a half.

MISS MINNIE DARBY (graduate of Michael Reese Hospital of Chicago), has returned to Chicago, after spending some weeks in Toronto with her uncle, Captain Hall, who is very ill. Miss Darby is thinking of joining the ranks of nurses who are going back to the "simple life" as found in the country village.

First Showing of the Spring Embroideries at Simpson's



TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

Cambric Embroideries. Cambric Embroideries from 1 inch to 5 inches wide, per yard, **5c to 50c.**

Cambric Insertions. Cambric Insertions, from 1 inch to 4 inches wide, per yard, **5c to 40c.**

Nainsook Embroideries. Nainsook Embroideries, from 3-4 inch wide to 5 inches, per yard, **10c to 75c.**

"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c to 85c.**

Corset Covers Embroideries. Corset Covers Embroideries, in Cambric, Nainsook and Swiss, 16 inches wide, per yard, **25c to \$1.25.**

All-over Embroideries. All over Embroideries, in Swiss, Nainsook and Cambric, 22 inches wide in the small dainty "baby" effects; also "Blousing" in handsome designs in "eyelet" blind and "shadow," per yard, **\$1.00 to \$3.50.**

Blousing Insertions. Insertions in Cambric, Nainsook and Swiss for "blouses" in all the latest patterns, immense assortment in "shadow," "blind" and eyelet effects, 2 to 6 inches wide, per yard, **25c to \$1.50.**

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TORONTO, ONT.

At the annual graduation exercises of St. Luke's Hospital Training School, Newburgh-on-Hudson, New York, the following six ladies graduated: Miss Emily Mary Cudlip, Montreal; Miss Edith Drake Skidmore, Milton, N.Y.; Miss Sophia Elizabeth Adams, Belleville, Ontario; Miss Emma Florence Pense, Kingston, Ontario; Mrs. Marian Lasher Deane, Newburgh; Miss Edith Hoyle, Firthcliffe. The graduating class was presented to Mrs. William Vanamee, the President of the Hospital, by the Superintendent, Miss de Pencier, and each graduate then received her diploma and badge from the hands of the President. Miss Emma Florence Pense, daughter of E. J. B. Pense, M.P.P., of Kingston, won the prize for general proficiency, making 782 marks out of a possible 800. The proceedings were very interesting, especially an address by Dr. Henry Winter, of Cornwall, and the large attendance testified to the esteem in which the hospital and the nurses are held in the community.

THE Training School for Nurses of the Toronto Hospital for Incurables, Dunn Ave., held the graduation exercises on Friday evening, March 8th, at 8 p.m. A large audience filled the spacious dining-hall, and addresses were made by His Honor the Lieutenant-Governor of Ontario, who, with Mrs. Mortimer Clark, was present, and took a deep interest in the proceedings, Mr. Ambrose Kent, Chairman of the Board, and Dr. E. E. King. The graduates were: Lillia G. Scott, Mary E. Buckerfield, Mabel Fremlin, Jessie M. Hendry, Elizabeth J. White, Margaret M. Bowman, Mary E. Johnson, Esther M. Cook, Alice Scott. Miss Cook won the gold medal, Miss Johnson the silver medal, and Miss A. Scott won Mrs. Hamilton's prize for the best essay on "The Ideal Nurse." The report of the Superintendent, Miss Gray, showed that there were 134 patients in the hospital, 87 of whom were admitted free of charge. Furthermore, 77 of the patients are not able to walk, and 40 are as helpless as infants. A reception was afterwards held, and the large audience partook of refreshments and dispersed shortly before midnight. This is one of the noblest of the charities of Toronto, and the establishment of a Training School for Nurses has been a great step in advance. The nurses take post-graduate work at other hospitals.

THE first step towards the building of an hospital in Moose Jaw was taken in the spring of 1900, a joint committee being formed. After this it was practically dropped until 1902, when the Daughters of the Empire took it up and worked earnestly till its completion in 1906. The hospital was formally opened April 17th, 1906, with Miss K. E. Smith (T.G.H., Toronto), as Lady Superintendent, and Miss H. N. Latimer (L.S.I., Ottawa), as head nurse. A training school was organized during the same month, and there is now a class of eight pupil nurses. The hospital is a three-story building, balconies facing the south



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Notice the double fold over the chest and abdomen. That fold gives additional warmth down the front centre line of the body, where the large blood vessels terminate. It stimulates the circulation of the blood throughout the entire system, and increases the vitality and disease resisting powers of the system.

Medical men are requested to send for our illustrated catalogue and a copy of "Health Culture" by Dr. Jaeger.

Dr. Jaeger Co., Limited 316 St. Catherine Street W., Montreal
286 Portage Ave., Winnipeg

and overlooking the Moose Jaw river, a small, though very picturesque, stream. The wards are all bright and airy and open on balconies, with the exception of one. We have three private wards, two semi-private and three public wards, the total capacity being thirty-seven beds. The nurses occupy the third flat, but we are living in hopes of having a nurses' home this summer. Although the capacity was only thirty-seven beds, during the typhoid fever epidemic we put in fifty, our space and energy being taxed to the utmost, it being very difficult to obtain nurses and help. The private and semi-private ward furnishings, which are of excellent quality, were donated by the different societies, the Daughters of the Empire—now "The Hospital Aid Society"—furnished the remainder. The laundry is in the basement. During the eight months of 1906 we had forty-two operations, some very serious, but all proving successful. Although thought to be large enough in the beginning, the directors already see great necessity for enlarging the building. The hospital filled a long-felt want, patients formerly having nearly always to go two hundred miles to get to such an institution.

ON Wednesday evening, February 20th, those nurses who braved the storm and went to the meeting of the Social Club, felt that they were more than repaid by the programme which had been prepared for them, both in the way of music and addresses. Miss Grace MacKenzie sang "Time's Roses" and "Mavourneen," and Mr. Goldey sang "Mary," both being accompanied by Miss B. McGarvey, who had so kindly helped at the previous meeting to make the evening pleasant to the members. Miss McIntosh, of the Toronto Mission Union, spoke of her work there, especially in connection with boys, who in her must find a true friend, one who is not afraid to appear in the Police Court to plead their cases, or to help get them out of jail and help them afterwards to redeem their self-respect. In regard to the housing problem she told of the difficulty in getting a house if there were children in the family. Men who earn \$9 a week have often to feed nine mouths besides providing for the rent, clothing, heat and light. Toronto has not adequate provision for housing the large number of workingmen employed here and the result is that slums are developing. A story was told of a widow with seven children who could not get a house and had to resort to a ruse to get one. She took her children to the cemetery and told them to stay there until she called for them. She then went to the landlord of a cottage she wanted and when asked if she had any children, she very sorrowfully said, "Yes, seven, all in the cemetery." Then she got the key and the children were released. Can we wonder after this at the cry of "race suicide"? The remedy which she suggested of building small houses which workingmen can buy at reasonable terms, we are glad to know has been taken up since she spoke by the Manufacturers' Association of the city.

Vapor Therapy

The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo-Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

Measles and Scarlet Fever

Alleviates inflammation of the bronchi and prevents bronchial complications.

Diphtheria

Authoritative tests show the vapor to be destructive to diphtheria bacilli. Vaporized Cresolene is prophylactic and adds to the probability of successful treatment.

Pneumonia and Bronchitis

Used where it is desired to reduce dyspnea and irritating cough, adding greatly to the comfort of the patient.

Asthma

Cuts short the attack and insures comfortable repose. Your druggist stocks it.

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Supervised playgrounds were also strongly recommended where children can be taught to play. Work is grown-up play, and if children are shown how to play naturally they will become useful citizens. The gang spirit, which is so common among the boys, if not led into a right channel and made to serve a good purpose, is sure to work mischief. The aim of the mission workers is to study boy nature and make the most of it. Miss Carson, of the "Evangelia House," then told of the work of the Settlement in Queen East, which in the five years of its existence has made very rapid progress and now has about nine hundred names on its roll. This was started to help the girls of the district. There they learn to sew, make dresses, cook, do fancy work and many other things. Many of these girls have to go into business very young, some at thirteen years and thus they know nothing of home-making when the time comes for them to marry. The Settlement teaches them this, and the result is many happy homes, where otherwise there would be slattern wives, drunken husbands and neglected children. Little girls of about six belong to the Primrose Club, but as they are the little mothers on Saturday morning, when the club meets, and they must take the little sister of three with them or stay home. another club, "The Thread and Needle Club," has been formed for the little tots, who on learning to thread a needle are promoted to the Primrose Club, and are as proud as the University student who successfully passes his examination. Time and space fail us in telling of all the interesting stories told by the two speakers who are so much in earnest in their work, and whose lives mean so much for the uplifting of Toronto. A cordial invitation was extended by Miss Carson to the Nurses' Club to visit the "Evangelia House." Any help that the nurses or their friends can give to either of these institutions will be like the seed sown in good ground that brought forth a hundred-fold. Miss Josephine Hamilton, President of Alumnæ Association of Hospital for Sick Children, occupied the chair.

THE Alexandra General and Marine Hospital, Goderich, was formally opened on December 1st, 1906. The funds for the erection and equipping of this institution were raised by the local order of the Daughters of the Empire, and on the day of opening, the hospital, with accommodation for thirteen patients, was handed over to the Board of Trustees with a debt of only \$800. There is a four-bedded male public ward, a two-bedded female public ward, a two-bedded children's ward and five private wards. The furnishings of the private wards were gifts of generous friends. Miss Sara H. Griffiths, of Victoria Hospital, London, Ont., was appointed Lady Superintendent, and by her untiring zeal and executive ability has won the esteem and regard of the Board of Trustees and Medical Board. While in this large county of Huron we had no county hospital, and while the need

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of it in this prosperous town of Goderich, especially as it is a harbor of refuge, was apparent to many, yet the erection of the institution was opposed by a large number. Nevertheless, in its brief history of two months, there were thirteen patients admitted and six operations performed. In the month of January, 1907, it paid its own current expenses. It has accepted one pupil nurse and engaged an assistant nurse. The hospital is *per se* proving the wisdom of those who worked for its establishment. The Goderich Hospital will ever be a monument to the unselfish and steadfast band of women who, true to their order, and with every thought of loyalty to king, country and home, worked with singleness of heart and aim to provide a place where the suffering or needy could be accorded adequate medical care and treatment. The citizens of the town are supporting the hospital loyally, and to such an extent has its accommodation been taxed in the last four weeks that ere long the authorities will be confronted by the necessity of erecting an additional wing.

MARRIED.

McARTHUR MURRAY.—On Tuesday, March 21st, in Avenue Road Presbyterian Church, Toronto, by the Rev. J. W. Stephen, Miss Ida Helen Murray (T.G.H.), of Allandale, to the Rev. Malcolm McArthur, of Scarboro'.

The Nurse's Library.

A kind welcome to our new sister, *The Irish Trained Nurse and Hospital Review*, published at the Printing House, Dublin, Ireland. We hope soon to receive a visit from *The Irish Nurse* in this office.

The place of honor in the current *British Medical Journal* is given to Sir W. H. Broadbent's illustrated article on the Toronto Hospital for Consumptives. He says: "I regard it as a fine instance of Canadian common sense and foresight."

The March *Delineator* has two articles by physicians, "The Abuse of Medicine in the Nursery," by Dr. Coolidge, and "The Care of the Eyes," by Dr. Galbraith. The number is a notable one, containing an article by Ida M. Tarbell on "Woman's Place in the World."

The Quarterly is published by the Illinois State Association of Graduate Nurses, and contains the minutes of their Fourth Annual Meeting, their Bill for Registration, and many other good things, especially a strong Editorial Department. This is one of the best nurses' magazines we have seen.

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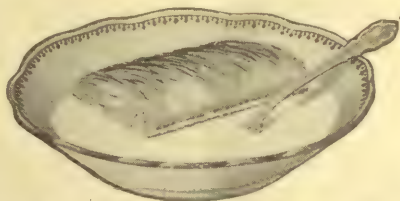
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Abdominal Surgery. By HAROLD BURROWS, M.B. London: The Scientific Press.

This manual for nurses is carefully written, and is complete and satisfactory. The sections on Symptoms, Shock, Hernia, etc., are of great value.

The Care and Nursing of the Insane. By P. J. Baily, M.B. Part I.—Anatomy and Physiology. London: The Scientific Press. 1s.

This is the course of lectures delivered by Dr. Baily to the staff of the Hanwell Asylum and will be found useful by nurses preparing for the Medico-Psychological Association's certificate.

The American Pocket Medical Dictionary. Edited by W. A. N. Dorland, M.D. Fifth edition. \$1.00. Philadelphia and London: W. B. Saunders. Toronto: J. A. Carveth & Co.

This is an excellent dictionary, and no nurse can afford to be without a good medical dictionary. The latest terms and many new words are here to be noted, and the paper, printing and binding are all satisfactory.

Skin Diseases. By G. Norman Meachen, M.D. London: The Scientific Press. 2/6.

A real want is met by this little book, which will certainly fill a vacant place on our book-shelf. There is, so far as we know, no other book of reasonable size which will help the nurse in this important department of medical work. The nurse's point of view is never lost sight of, and the book is uniformly good, the chapter on eczema being one of the very best.

The Health of the School Child. W. LESLIE MACKENZIE, M.D., D.P.H. London: Methuen & Co. 2/6.

The six papers which are here reprinted by Dr. MacKenzie, who is the Medical Member of the Local Government Board for Scotland, make up a volume which we have great pleasure in heartily commending. Growth, revaccination, German medical school inspection, and other important topics, are here treated in an accurate and authoritative manner, and the result is a little book of distinct value.

Nurses' Alumnae Journal.

A warm welcome to the first number of our new Canadian sister journal, issued by the Alumnae Association of Winnipeg General Hospital.

The first (February) number is neat and tasteful in appearance, and contains sixteen pages of letterpress. It is to be published quarterly, and is free to members of the Alumnae. The Managing Editor is Miss Isabel Stewart, the Literary Editor Miss Johns, Editor of personal column, Miss Lumsden, and the Editor of Hospital Notes, Miss Wilson. The Hospital Notes,

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the *Alumnæ History* and the Constitution and By-Laws make up a good initial number. We wish the *Alumnæ Journal* every success.

Eye Injuries and Their Treatment. By A. MAITLAND RAMSAY, M.D. Glasgow: James Macklehole & Sons. London, New York, and Toronto: Macmillan & Co.

This is a magnificent volume. Dr. Ramsay's reputation has reached this side of the water long since. His articles in the *Lancet* and elsewhere, and his restoring of sight by operation to more than one person who was born blind, are not easily forgotten, and in the present volume we have a timely and masterly exposition of a subject in which all must be interested. The great number of cases cited (no accident or injury being omitted), and illustrated by many plates in color which it would be difficult to praise too highly, and the interesting way in which the narrative is presented, all add to the value of the book.

PREVENTION OF POVERTY.—Make up your mind that poverty shall not come your way. Do not spend less upon yourself—but be courageous enough to spend more.

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SIR VICTOR HORSLEY, in a lecture at the Toronto meeting of the British Medical Association, said: "The heart does not require accelerating as a rule, but it requires feeding. Undoubtedly, repeated enemata every two hours of 4 oz. of beef tea, in which is dissolved Brand's Essence or pancreatized milk, is the readiest way of beginning this line." Brand's Essence should always be a clear amber color, and if not found in that condition it is probably very old stock.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, MAY, 1907.

No. 5

ADVANCES IN MEDICINE.*

[Dr. Smith introduced his subject by a brief but brilliant review of medicine from the earliest times to the three great discoveries—antiseptic surgery, anesthetics and modern sanitation. Continuing, he alluded to the work of Koch.]

Tuberculin was announced to the world. Fools rushed in and administered the newly discovered substance without any regard to the extent or degree of disease in the patients under treatment. Hundreds were thus put out of existence who might have lived for many years. But with a more accurate knowledge of tuberculin and the power of resistance to the disease as estimated from time to time by Wright's opsonic index, excellent results are being obtained in the treatment of this disease by the administration of much smaller doses than those given by Koch.

Wright and his confreres have conferred a great boon on humanity by their splendid researches and investigations. Not only in tuberculosis, but in furunculosis, acne, empyema, and endocarditis, marvellous results have already been obtained by the vaccination method.

Metchnikoff's theory was that the germ-destroying power in the blood was due to the phagocytes. The investigations of Wright and others prove that this power is not in the white blood corpuscles, but rather in some, as yet unknown, substance in the serum of the blood, which prepares the invading germ for ingestion by the phagocytes, and to which the name opsonin has been given.

Perhaps no form of treatment has given better results, or promises greater achievements for the future, than what is called serum treatment. During the last ten years this form of therapy has completely changed the death-rate from one of the most fatal diseases—diphtheria. The mortality in large contagious hospitals has thus been reduced from forty-five per cent. to an average of sixteen per cent. In tetanus, snake-bite and rabies, the results, while gratifying, are not so brilliant. The experiments with serum-therapy have been promising in bubonic plague, acute epidemic dysentery and typhoid; less promising, but still hopeful, in cholera, anthrax, and scarlet fever.

* An address to the Graduate Nurses' Association of Ontario.

The treatment is based on the fact that a group of body cells, for example those of the central nervous system, have the power of exerting themselves when compelled to defend themselves against a group of invading cells (for example, typhoid bacilli) and producing in excess substances antagonistic to such foreign cells or to their products. This antagonism is known as immunity. To be immune against a cell is to have the power of destroying that cell. Many persons are naturally immune against certain diseases, as the negro against malaria. Most people, however, must be made immune either by passing through an attack of the disease, or by having injected into their blood the serum of an animal previously rendered immune to the disease. Thus anti-diphtheritic serum is obtained from horses rendered immune to diphtheria toxin by increasing doses of the toxin administered subcutaneously.

The study of the glandular organs of the body has led not only to a more intimate knowledge of some obscure diseases, but to the discovery of new and most successful methods of treatment by glandular extracts. Thus in myxedema, cretinism, and the cachectic conditions consequent on removal of the thyroid gland for goitre (all representing the same morbid process occurring under different circumstances), remarkable cures have been accomplished by the introduction into the system of thyroid tissue or its products obtained from the sheep or other animal. Products of the suprarenal gland have been experimented with in recent years, and with almost equal success.

The treatment of mental diseases has been in many ages a disgrace to the medical profession. In spite of the humane teachings of Pinel, lunatics were found imprisoned in cages in some of the cities of France even up to 1834. Even in our own times, those suffering from these forms of disease have been regarded too much as entirely distinct from patients having other diseases, and have had no share in the great benefits accruing to the sick from hospital treatment. But a brighter day has dawned. Now we have pathological laboratories established in some at least of our public asylums, where scientific investigations will be conducted in the various forms of insanity. But perhaps even more important than this advance is the setting apart in our hospitals of special wards for the treatment of incipient cases. "In such conditions these cases will participate in the benefit enjoyed by the sick in general, the benefit of the highest available skill, and will share the advantages accruing from the association of specialists in mental disease with workers in other departments of medicine, including those skilled in laboratory methods." The benefit to these cases of not being confined in the same building with the incurably insane need only be mentioned.

HARLEY SMITH.

(To be continued.)

HOSPITAL ETHICS AND DISCIPLINE.

Accustomed to the freedom of a home, some nurses quickly forget that they are stewards of hospital supplies, that things entrusted to them for the use of patients are not personal property to be used or abused at will. There is a principle involved in the smallest transaction, but the principle will often be overlooked unless it is pointed out. Here the head nurse has a splendid opportunity to raise the whole moral tone of the hospital through her intimate contact with the nurses and by her own personal example.

The simple practice of the homely virtue of honesty will compel a nurse to own up when the breakage or destruction of an article occurs, but unfortunately, the rule in many hospitals is that "nobody did it."

The practice of every-day honesty will keep a nurse from sneaking an egg out of the ward refrigerator over to her room, to use in shampooing her hair. It will prevent her nibbling at the plate of fruit in the ice-box that belongs to some patients. It will keep her from appropriating for her own use articles of food or special delicacies provided for patients. These are homely illustrations of ethical questions, but, any one who has lived in a hospital must admit that they are true to life; so true, that some hospitals have had a special rule punishing with dismissal any nurse found guilty of taking for her own use fruits belonging to patients or delicacies provided by the hospital for them.

The practice of honesty will compel a nurse to own up when she fell asleep on night duty, or when she kept her light burning after hours, or came in late. The agreement on the nurse's part to keep the rules made when she applied or was accepted is very often quickly forgotten. There is no denying that the practice of simple honesty applied to every day conduct will be far reaching.

Next, in the points to emphasize in the teaching of ethics, might be mentioned the old-fashioned virtue of obedience; and, the practice of obedience like the practice of honesty involves a great deal that is vital in the business of nursing the sick. It has been said that the average American girl of the twentieth century is ignorant of the first principles of obedience. Certain, it is, that the disposition to argue the point, to want to do it some other way, to ignore entirely what has been said, to think it makes no difference, to ask idiotic questions or to neglect an order because it is difficult to carry out, are all prominent characteristics of the girl of to-day who presents herself for training. To have a girl who will do exactly what she is told, in the manner in which she has been taught, without questioning, or arguing, or, who will promptly come and report that she finds difficulty in carrying out an order, is to possess a treasure whose value to the institution cannot be measured. She imparts a sense of security and con-

fidence wherever she is on duty, that is in striking contrast to the feeling of anxiety, of constant uneasiness, produced by some other nurses whom a head nurse never feels she is sure of, unless she is standing guard over them to keep them up to the mark.

In all hospitals will be found nurses who are unattractive in manner, nurses who are untactful, nurses who are indiscreet, nurses who are (sad to relate) not always truthful, nurses who are noisy and frivolous, while doubtless every one of them possesses some of the qualifications so desirable in nurses. Out of this imperfect and often unpromising material are to come the nurses of the future. The great majority come with very crude ideas as to what training really means. Most of them have grasped the thought that it means they are to be taught to do a great many things for sick people and to get through with a certain course of study; but, that their own personal habits are to be interfered with has, perhaps, never occurred to them. Few candidates, if any, realize how much their own personality, their own manner is to figure in their success. As a matter of fact there is no line of work where personality counts more. A patient may put up with rough uncouth habits in a physician, and often, foolishly, think it a mark of genius or skill, but, not so with the nurse. "It is a rare thing for a patient to ask me where I trained," said a nurse in private practice. "The majority of sick people know very little about hospitals or training schools, but they and their friends knew whether they liked me or not, and after all, that is what counts." She spoke truly. It is personality that counts everywhere. A pretty face is not a disadvantage, but it does not always imply a pleasing personality. What the physician wants is a nurse who has learned to obey, who can be trusted with the patient, and who will refrain from adverse criticism of him or his methods. What the patient wants, what his friends want, is some one who will take in the situation and adapt herself to conditions, who will get along without friction, who will upset the plans of the household as little as possible, who will have a kind, cheery word for everybody, even to Dinah in the kitchen; who will see to her own patient's wants and wait on herself, who will not try to organize a miniature hospital, and demand clean sheets every day; who will consider the drain on the finances of a family that sickness makes, and will, therefore, make as few demands as possible. It is the nurse who has learned to put up with the odd ways of people, to humor them, when it makes no difference, the nurse who has learned to please who is wanted.

There is a tendency, too, that needs to be watched against, for the nurse to be spoiled by the unstinted praise that is sometimes showered on her by friends, when she has helped a patient successfully through a serious illness. The gratitude of patients and friends is one of the compensations that come to nurses everywhere, and ingratitude is always to be deplored. At the same time it is well to remember that "gush" may mean short-lived

praise, that the patient who says little may often feel deep in his heart a sense of gratitude he cannot express. Further, the nurse must learn to do her duty, and to be satisfied many times with the approbation of her own conscience, to render service to the uncouth and unlovely irrespective of appreciation or material rewards, if she is to be a real force in making this world a better place to live in and to die in.

CHARLOTTE A. AIKENS.

(To be continued.)

RESPONSIBILITIES OF HOSPITAL SUPERINTENDENTS.*

The agreeable task of presenting a few observations at this inaugural meeting of the hospital superintendents of Ontario was accepted only as an opportunity of furnishing evidence of sincere sympathy with the formation of such an association in this Province.

It would seem needless to dwell upon the good work which such an association may accomplish. The duties and responsibilities of a hospital superintendent are such that probably no class of people can derive more benefit from occasionally meeting together and discussing the many and varied problems that so often arise to perplex those engaged in institutional management. Co-operation is the key-note to success, and with the right spirit infused in such an organization as the one you are to-day forming, beneficial results must follow. It is always an inspiration for those engaged in similar duties to meet together. The daily routine with its wearisome details tends to blight originality, alertness, motive and enthusiasm. Nothing is so deadly as getting into a rut. Who does not need inspiration and new ideas?

The honor of founding the first hospital is usually ascribed to Fabiola, a friend of Saint Jerome, a Christian lady of Rome in the fourth century. We read that this Roman daughter of consuls and dictators sold all her goods, dressed the wounds of the maimed and wretched, and carried the sufferers on her own shoulders. Lecky, the rationalist historian, says of this charity that, "planted by a woman's hand, it overspread the world, alleviating to the end of time the darkest anguish of humanity." But, before this, similar institutions had been begun in the East, by Basil in Cesarea, Saint Ephraem in Edessa, and by the Presbyter Brassianus in Ephesus. Speaking of Basil's work, Gregory of Nazianzus said: "We have no longer to witness the fearful and pitiable sight of men like corpses before death, with the greater part of their limbs dead, driven from cities, dwell-

*An address at the Canadian Hospital Association.

ings, from public places and from watercourses. Basil it was who, more than any other, persuaded those who are men not to scorn men nor to dishonor Christ, the head of all, by their inhumanity toward human beings." From the East the impulse and direction came which, in the picturesque language of Saint Jerome, "transplanted this twig from the terebinth of Abraham to the Austonian shore." But, whether Fabiola was the first builder of hospitals or not, her name suggests the wonderful part which woman has had in Christian charity ever since. We are told that Placilla, the wife of Theodosius, the emperor, herself the first lady of the ancient world, visited the thirty-five hospitals of Constantinople, making the beds of the poor and becoming the maid-servant of the sick-chamber. We all know the name of the angel of mercy whom the Crimean War brought to the help of the English sick and wounded, and the name of the equally worthy minister of charity whom America now honors, Clara Barton, the representative of that Red Cross Society which knows nothing of nationality, and whose standard of peace and help is now lifted by more than a score of governments over the fields of carnage and death. We have read of that later heroine of charity whom Florence Nightingale inspired, Dorothy Pattison, usually known as Sister Dora, whose hospital work and whose marvellous strength and beauty of character have inspired many women to leave the dreary dissatisfactions of a life of fashionable pleasure for the enduring rewards of a life of charity.

In the process of time a marvellous development of the hospital spirit has been made. It means more to be a hospital superintendent now than ever before. Twenty years ago the Government returns for 1886 showed that 7,035 patients had been treated during that year in the hospitals of Ontario. Ten years ago the returns indicated an increase to 17,517 as the number of patients treated in our hospitals in 1896. The increase was great during those ten years, but not nearly so remarkable as those we had to present this year. The last report shows that during the past year there were treated in the hospitals of Ontario 41,950 persons, and that the total annual expenditure for hospital maintenance, including capital account, was \$1,228,289. What do those figures mean? Do they indicate an increased public confidence, so that not only the poor, but the well-to-do class seek hospital treatment? Do those figures mean that our hospitals, by able management and greater efficiency, have justified themselves so that the rich are glad to bequeath large sums for their erection and support? With the material prosperity which Canada has been enjoying it is pleasing to note the fact that civic pride and local philanthropy have gone hand in hand in the matter of hospital progress, and we have been furnished with a manifestation of a social and humanitarian movement that is surely creditable to the people of Ontario.

This growth of the hospital spirit will continue if we are able to demonstrate to the public that every dollar is used to do the most possible good. We must never forget that hospitals are established for the care of the sick poor, and in these days when so much attention is paid to making private wards luxurious there is probably too great a temptation to favor the private patients at the expense of the deserving poor in the public wards. The resources of a hospital are a public trust, and they must be guarded and used as such. Economy consistent with good management is so evident in our hospitals that it is not necessary to dilate upon a subject which has been given an attention that has resulted in our hospitals being generously and deservedly commended for prudent management.

The remarkable increase in the number of patients admitted to our hospitals must be taken as an indication that the time has passed when the public looks upon a hospital as a chamber of horrors and considers it a misfortune for any one to be admitted thereto. This pleasing change in sentiment must be largely attributed to those in charge of our institutions.

R. W. BRUCE-SMITH.

(To be continued.)

THE RELATION OF THE WORK OF HOSPITALS FOR THE INSANE TO THAT OF GENERAL HOSPITALS.

The formation of an association having in view the welfare and prosperity of the various hospitals in the community marks a new departure and a great advance in hospital administration. Not only does it mark the dawn of a new era in hospital government and usefulness, but in scientific, medical and original research, in preserving and generalizing the labors and discoveries in the vast and boundless ocean of medical life.

In looking back over the history of medicine and surgery, one cannot but be struck with the fact that the wards and amphitheatres of our hospitals were the first to witness the greatest triumphs in these wonderful fields of human labor. Not alone have they been the scenes where patient toil and brilliant achievement met their reward, but they have witnessed deeds of self-sacrificing devotion, of heroism and valor the recording angel alone has entered in his great account.

In lands beyond the sea the Maison Dieu, St. Thomas, good old Guy's, and in America the Massachusetts General, the Philadelphia and Baltimore Hospitals, are names inseparably associated with the great historical events in medicine and surgery.

To extend the field of hospital usefulness, to make more perfect the way, to illumine what is dark, to lift up and inspire, should be the duty of this association. The economics of the

hospital, in administration and in the division of labor, should receive unceasing study and attention. In large centres, where more than one hospital exists, classification should be earnestly considered, that each department or institution may, in its own field of duty, attain the highest ideal.

The relation of the work of the general hospitals to the work of hospitals for the insane may justly claim a fair share of our time and thought.

Well nigh four centuries ago the same problem confronted our forefathers. St. Bartholomew's and Bethlehem, in 1546 and 1547, respectively, were founded for the well-being of the sick and afflicted, the former for physical the latter for mental diseases. Since these far off days, the work has drifted apart, often without sympathy or co-operation. Our duty should be to reconcile, to harmonize that each may fulfil its noble mission, and bring the greatest possible good to humanity. The relation of the General Hospital to the Hospital for the Insane, may be discussed under two heads. First, in regard to administration, equipment and treatment. Second in regard to the classification of the patients, or the economic and scientific division of labor. If our hospitals for the insane are to properly discharge their duty, advantage must be taken of the latest hospital methods, procedure and treatment. I need scarcely mention that physical restraint, punishment and abuse, have long since passed away, at least in this country. Kindness on the part of the nursing staff, gentle treatment, moral encouragement, close attention to duty, constant care, and watchfulness on the part of all, are essential. Nurses are given a careful course of training, in general medicine, and in mental disease, by the hospital staff. For the past two years an additional course of lectures has been given to the nurses of Rockwood Hospital by the staff of Queen's University, Medical Department, making the training most thorough and complete.

Our nurses, before graduating, are obliged to pass a careful examination, written and oral. These examinations are conducted both by the hospital staff and the outside lecturers. The nurses of Rockwood are fully qualified to take their place with the graduates of any hospital. Every patient on admission receives a careful physical examination, with an endeavor to arrive, if possible, at the physical cause of the psychosis. The excreta are examined, blood count taken, blood pressure noted, and every indication of any abnormality carefully investigated; the line of treatment, after earnest consultation, is then determined upon.

The hygienic and dietetic wants of our patients receive careful consideration from the outset. Every accessory to medicinal treatment, as conducted in general hospitals, is fully supplied. Special treatment, as demanded by the various psychoses, is

patiently and persistently followed. The application of hydrotherapy has, for many years, played an important part in general medicine. In mental diseases it has found special favor. Last year four continuous baths were installed in Rockwood, the first in Canada, and the results have been most gratifying. Patients remain in the baths from one to eight hours, under close inspection. They are then removed from the baths, carefully rubbed with alcohol, massaged, and sent to rooms specially heated and prepared for their reception. In acute cases I cannot speak too highly of this form of treatment. We are now engaged in installing at Rockwood hot air cabinets, for this special form of treatment. It is the intention to immediately follow this by the installation of a complete electric equipment: the X-ray, the spray, the douche bath, in fact, all forms of electricity as applied to medicine. Massage, as a method of treatment, possesses great value in neurasthenic cases, hence our nurses are carefully trained in this department, and the treatment regularly invoked in suitable cases. I feel satisfied that the future will witness even more general and thorough application of this form of treatment. In connection with Rockwood Hospital, during the past year, an operating room, equipped in modern form, and with all modern essentials, has been established. It is proposed to perform therein such surgical work as the physical welfare of the patients demands. Already the departure has proved of the greatest possible value. The psychic, as well as the physical, effect on patients of timely surgery has been satisfactorily demonstrated. In the training of nurses, the management of a modern operating room, and the surgical technique demonstrated therein, are important considerations.

Until the present day the study of pathology, in connection with a hospital for the insane, has been sadly neglected, and if little advance has been made in the study of mental diseases it is mainly due to this fact. I need scarcely say, to a meeting of this character, how superficial is the medical knowledge not founded on pathological research. Hospitals for the insane are now realizing this fact. At Rockwood Hospital Dr. W. T. Connell, Pathologist of Queen's University, has taken charge of the pathological work. Upon admission to the hospital each patient is subjected to a careful clinical examination, the blood and various excreta are examined by the pathologist; all the autopsies are conducted by him, sections made of all pathological tissues, departures from the normal are carefully noted, alternate sections are furnished to the hospital, and a careful report made on each case. In this way the clinical and pathological work are identified throughout.

EDWARD RYAN.

Rockwood Hospital, Kingston.

(*To be continued.*)



REPORT OF CHIEF LADY SUPERINTENDENT.

The undersigned has the honor to submit the following report for 1906:

During the past year four districts have closed, Fort Francis and Buckingham building independent hospitals, Red Deer and Bracebridge withdrawing for other causes, yet with these withdrawals the number of Victorian Order nurses exceeds that of last year, also the amount of work done.

During the year ending December 31st, 1906, the nurses of the Victorian Order have cared for 10,501 patients; the district nurses making 52,325 visits, answering about 1,577 night calls, and doing 159 days and nights of continuous nursing. This is an increase of 2,461 in the number of patients nursed and of 10,922 in the number of visits made by the district nurses.

Number of inspections, 34; with view to opening branches, 4; number of Victorian Order Nurses Dec. 31st, 73; probationers, 31; making a total of 104 nurses actively employed in the work of the Order; number of nurses who have resigned, 13; number of nurses admitted to Order during year, 31; reserve list, 11; one nurse returned to Order.

During 1906 three new branches have opened—districts at Fort William and London, Ont.; a nurse has also gone to Labrador to work under Dr. Grenfell.

The nurse stationed at Fort William lives at the McKellar Memorial Hospital and gives the student nurses of that institution part of their training in district work.

During the month of October a nurse was stationed at New Liskeard to care for a number of typhoid cases; she nursed 10 cases, paying 148 visits and averaging 9 1-2 hours of duty daily.

The hospital at New Liskeard will open May 1st. It will have 35 beds, employ 4 Victorian Order nurses, and start a training school.

A nurse was also stationed at High River, Alta., for two months, nursing 19 cases in that time.

The district at Vancouver has added two nurses to its staff; the committee have rented a very comfortable cottage, which is used for a nurses' home. The districts of Winnipeg, Hamilton, Toronto, Ottawa and Montreal have also increased their nursing staff, and even with these additions are unable to cope with the work. Halifax is also talking of employing a third nurse. Owing to the continual demand for nurses the Local Association at Ottawa kindly consented to use once more the Ottawa Home as a training home for the Order; five graduate nurses are now employed there besides the District Superintendent.

The hospitals to increase their nursing staff are: Revelstoke, Kaslo, Shoal Lake, Swan River, Yorkton, North Bay and Pictou.

The hospital at Rock Bay continues its good work in connection with the Church of England and Presbyterian Mission Boats. This hospital during the last year sustained two severe losses in the deaths of Miss Jean Sutherland, its pioneer nurse, and Dr. Hutton, the surgeon on the mission boat *Columbia*. Dr. Hutton lost his life in the wreck of the *Chehalis* in Vancouver Harbor last July. Miss Sutherland was everything a nurse could be, and gave up her life in caring for the "boys" of the lumbering district surrounding Rock Bay. Their thoughtfulness during her illness was touching, five of them manning a boat and sailing 150 miles for a doctor. Two doctors are now employed by the mission boat and hospital, one being resident in the hospital.

Notwithstanding the fact that a cottage has been rented in Regina for a nurses' home, thus giving more room in the hospital, it was found necessary to build a temporary ward. 53 cases of typhoid were cared for here during an epidemic this fall.

Shoal Lake, Yorkton and North Bay will build additions to their hospitals in the spring.

North Bay also had its share of typhoid, caring for 118 cases during the year, many of these cases coming from the mining camps and lumbering district in New Ontario.

The new building of the Pictou Cottage Hospital was opened December 6th by the Lieut.-Governor of Nova Scotia. It is fully equipped and free of debt. It accommodates 12 patients and employs two Victorian Order nurses and a probationer.

Miss Georgie Heales, a graduate of the Long Island Cottage Hospital, of Brooklyn, New York, leaves February 1st for Mel-fort, Sask., where she will have charge of the Lady Minto Hospital, which is nearing completion. This hospital will accommodate 15 patients and employ two Victorian Order nurses.

Miss Edith Mayou, former Superintendent of the Victoria General Hospital, of London, Ont., is the volunteer and pioneer nurse for Dr. Grenfell's Hospital at Harrington in the Canadian Labrador. Writing from St. Anthony, October 14th, Miss Mayou

says: "I am now at my eighth and I hope last stopping place, on my way to Harrington. It is a most inaccessible place, no steamers call there, just trading schooners and fishing smacks from Quebec and Halifax, so that I have to depend on the *Strathcona* to take me down. We expect to take a week to reach Harrington, which is 200 miles south-west of here, for we have several places to call at and it will not be safe to steam at night, the shore is so dangerous."

A second letter, dated October 21st, Straits of Belle Isle, says: "When we got to Harrington, we found that the building was up, the carpenters having left for St. Johns, 700 miles away, the day before, but that was all. There was no equipment of any kind, neither furniture, furnishings, food, fuel or heating apparatus, so that it would have been utterly impossible to have taken in any patients. No one not on the spot can realize the immense difficulties to be contended with in building and equipping an institution situated as Harrington is, cut off from communication with the outside world."

It was finally decided that Miss Mayou should remain at St. Anthony until the opening of navigation in the spring. She says: "A winter at St. Anthony will make me much more efficient and treble my usefulness to Harrington." Besides the hospital at St. Anthony, Dr. Grenfell has an orphanage, workshop, where weaving, spinning, basket-making and carpentry are taught, a fox farm, Belgian hare run and pigeon cote. These various industries are to be introduced at Harrington.

A letter dated December 30th tells of the progress of the sewing classes, Christmas, etc. Miss Mayou's wish is to remain at Harrington four years and to make it a great centre.

The past winter has been particularly severe and trying, especially to the nurses in some of the small hospitals in the prairie villages. In Yorkton the water supply was very inadequate at a time when the hospital was filled with typhoid.

The work is proceeding well in Toronto. Montreal has had a banner year, the nurses there making 19,469 nursing visits, answering 788 night calls and supplying their poor patients with 1,297 pieces of clothing and 106 diet tickets.

There is still tremendous scope for the district or visiting nurse, as probation officer to the wards of the Juvenile Court, in homes where unsanitary conditions and physical ills exist; as sanitary inspector of the Department of Health; as school nurse to care for minor ills at the schools and follow up excluded cases, etc. In concluding, may I quote a toast given by a celebrated Chicago physician to the "Visiting Nurse":

And who is my neighbor?

And it came to pass that a mother went down from the second to the nineteenth ward and fell among microbes, and the microbes increased and multiplied, and behold they attacked the baby and the child was stripped of its nutrition and was left half dead.

And a certain physician passed that way on the same side and wrote a prescription.

And in like manner a benevolent countess was good to the child, but behold, not good with it; and left money and soon passed to the other side and gave a vaudeville performance on the Lake Shore Drive for the benefit of the South Sea Islanders.

But a certain Visiting Nurse as she journeyed came to where the child was, and behold, was not only good to the child, but good with it, and she poured soap and water over the child and put it on a bed, and the bed was clean and warm and dry, and the primary nutrition of the child waxed and grew and the secondary nutrition did likewise, and there was no more retrograde metamorphosis of tissue; and as the Visiting Nurse departed the mother of the child opened her mouth and spake in broken English, "Heaven bless you, Miss, a thousand times; if you not come, I not have my baby."

MARGARET ALLEN.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

THE Payzant Memorial Hospital of Windsor, N.S., was opened in October of 1906. The building fund was started by a sum of money bequeathed by Mr. Payzant to the town of the purpose of erecting a hospital. The site, which is very beautiful, was the gift of another gentleman, while the ward furnishings and linen supply were from the ladies of the town. The hospital, which is a cottage hospital, has accommodation for fifteen patients, Lady Superintendent, four nurses, and three servants. There is a well-equipped operating-room, the furnishing of which, as well as that in the wards is most up-to-date.

THE Neepawa General Hospital was formally opened for occupation on May 24th, 1905. The building externally presents an imposing appearance and is a credit to the town and the men who so generously subscribed towards the funds. It is of brick, and four stories high, and is heated by hot water, lighted by electricity and furnished with telephone and electric bells. There is accommodation for twenty patients, the wards for men being on the second floor, for women on the third. The operating-room floor is tiled, well lighted, and has all the modern fittings and appliances necessary for rapid and successful operating. Close by on the same floor is the emergency ward. Besides the general kitchen there is a diet kitchen on the second floor, where much of the cooking for the patients is done, and where the pupil nurses are taught to cook for the sick. A laundry annex has been built, since the hospital was finished, by the W. H. A. S. It is commodious and well furnished, and the rooms above it have been fitted up as a sleeping apartment for the laundress in charge.

The
Guild of



Saint
Barnabas

"Je le pensay ; Dieu le guarit." [I tended him ; God healed him.]

— Ambroise Paré.

MONTREAL—St. John Evangelist, third Tuesday, 8.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

The regular monthly meeting of the Toronto Branch of the Guild of St. Barnabas, was held at St. James' Rectory on March 22nd at 3.30 p.m., instead of on March 29th, Good Friday.

There were present the Chaplain, the Superior and 6 nurses, a better attendance than usual for an afternoon meeting. Miss Barratt, a member of the Guild from England, has been at Fort Frances for some time. She is now doing private nursing in Vancouver, B.C. As there is no Guild there, she wrote hoping that a Branch could be formed, which communication was sent on to Miss Stikeman, in Montreal, District Superior. We hear with regret that Miss Wicksteed is resigning her position as Superior in Ottawa on account of removal from the city, and have not yet heard who is appointed in her place.

An invitation had been extended by Miss Brent to hold the Guild meeting in April at the Nurses' Residence of the Sick Children's Hospital, which was accepted with pleasure.

In the March number of *Misericordia* there is a very interesting account of the visit of Miss Wood, General Secretary to the Branch of the Guild in Poona, India. Poona is four hours' journey from Bombay. In the Lassoos Hospital, where the meetings are held, there are five Guild nurses working. According to Miss Wood's description, Poona is one of the most idolatrous cities in India, idol temples to be seen everywhere. It will be interesting, when the General Secretary comes to Canada, to hear how such wonderful work is done by the nurses in some of the heathen towns among such unpromising surroundings.

How easy and pleasant our lives as nurses are in Canada compared to those in India and China, and yet we often lose patience.

My Scallop-Shell of Quiet

HEAVEN'S WELCOME.

Love bade me welcome; yet my soul drew back,
 Guilty of dust and sin.
But quick-eyed Love, observing me grow slack
 From my first entrance in,
Drew nearer to me, sweetly questioning
 If I lacked anything.

"A guest," I answered, "worthy to be here:"
 Love said, "You shall be he."

"I, the unkind, ungrateful? Ah, my dear,
 I cannot look on Thee."

Love took my hand, and, smiling, did reply,
 "Who made the eyes but I?"

"Truth, Lord; but I have marr'd them: let my shame
 Go where it doth deserve."

"And know you not," says Love, "who bore the blame?"
 "My dear, then I will serve."

"You must sit down," says Love, "and taste my meat."
 So I did sit and eat.

—George Herbert.

LIVES LIKE THE STARS.—The power of mere activity is often overrated. It is not what the best men do, but what they are, that constitutes their truest benefaction to their fellow-men. The things that men do get their chief value, after all, from the way in which they are able to show the existence of character which can comfort and help mankind. Certainly, in our own little sphere, it is not the most active people to whom we owe the most. Among the people whom we know it is not necessarily those who are busiest, not those who, meteor-like, are ever on the rush after some visible change and work.

It is the lives like the stars, which simply pour down on us the calm light of their bright and faithful being, up to which we look and out of which we gather the deepest calm and courage. It seems to me that there is reassurance here for many of us who seem to have no chance for active usefulness. We can do nothing for our fellow-men. But still it is good to know that we can be something for them; to know (and this we may know surely) that no man or woman of the humblest sort can really be strong, gentle, pure and good without the world being better for it, without somebody being helped and comforted by the very existence of that goodness.—*Phillips Brooks.*



THE LATE HON. J. W. ST. JOHN,
SPEAKER OF THE ONTARIO LEGISLATURE.

The Canadian Nurse

VOL. III.

TORONTO, MAY, 1907.

NO. 5

Editorial.

THE LATE HON. J. W. ST. JOHN.

"Death loves a shining mark." How true this saying, when we think of the calamity that has deprived Canada of a loyal son, Ontario of one of her best public men, the Speaker of her Legislature; Toronto of a noble citizen, his family of the kindest and best of husbands and fathers, and all of us who knew and loved him of a true and affectionate friend. From Sunday, March 24th, when he was operated on at Toronto General Hospital for appendicitis, till Sunday, April 7th, when he passed quietly away at noon (having recovered fairly well from the operation, but having gradually sunk as a result of the unfavorable turn taken by a chronic malady (diabetes), which he had suffered from for years), thousands hoped and prayed for his recovery. It was not to be. He himself hoped until almost the end that he might get better, and his physicians, as well as the three nurses who had the privilege of attending him, had great hopes of his recovery, all the more because he was so good a patient.

The nursing profession had no better friend than the late Speaker. How devoted he was to our interests just one short year ago, when "The Bill" was under discussion. Had the nurses been members of his own family, he could not have been more considerate, more thoughtful, more faithful than he was.

It is not for us to speak of the grief of his family circle, too sacred for any words of ours to touch. Towards her whose loss is greatest of all, bound to us by so many ties, all hearts are full of the deepest sympathy.

*"This mortal must put on immortality."
"Mark the perfect man, and behold the upright,
For the end of that man is peace."*

Requiescat in pace.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

As announced in our April number, the formation of this society has been under way for some time, and we now take great pleasure in offering our cordial congratulations to Miss Snively and her co-workers in the successful launching of the preliminary organization of the society which is to hold its first regular meeting in Montreal during September, 1907. An account of the preliminary meeting will be found in our Official Department, and we are permitted to quote part of the address given by Miss Snively on that occasion:

"Notwithstanding the marked increase in the number of hospitals in Canada during the last few years, it has been found to be quite impossible to keep pace in this regard with the ever-increasing population of this vast country. Canada must have hospitals, she must also have nurses—trained nurses—nurses who will be able to rank with the best trained nurses in other countries; they must be fully prepared for the various fields of usefulness opening for them on every side.

"The wisdom of Solomon cannot be questioned when he reminds us that, 'Where no counsel is the people fall, but in the multitude of counsellors there is safety.'

"In other words, association with others helps to overcome that tendency in human nature to run in a groove, to become narrow and self-satisfied.

"A body of men or women meet for the purpose of discussing subjects of kindred interest, and the result is a broader sympathy, a more generous toleration for the opinions of others, and a wider outlook. Simply becoming acquainted with others engaged in the same work is in itself worth while. 'Iron sharpeneth iron, so a man sharpeneth the countenance of his friend.'"

The formation of this society is an event often hoped for and long looked forward to. It is the first national nurses' organization in Canada, and it would scarcely have been possible without our national nurses' magazine, *THE CANADIAN NURSE*. It is a very important event in the history of the nursing profession in Canada. Every loyal reader of *THE CANADIAN NURSE* will hear of its foundation with interest, will think of its future with enthusiasm, and will support its present standing by every means in her power.

THE CANADIAN HOSPITAL ASSOCIATION.

It is not often history is made as fast as it was during Easter, 1907, in Toronto. Two important associations launched within

forty-eight hours is a record, and the practical interest shown by the Ontario Government in the public institutions of the Province was never more evident than in the present instance. It is well known that the Hon. W. J. Hanna, Provincial Secretary, has on every occasion, and by every means in his power, helped by personal suggestion and request the close touch between workers that can only be secured by personal association. The hospitals of Ontario will, we are sure, benefit greatly by the new association. It was at first intended that it should be an Ontario organization, but efforts have since been made to include all Canada. Dr. J. N. E. Brown, of Toronto, has been foremost in the work of organization, and we congratulate him and his associates on the successful meeting held, and hope it may be the precursor of many more.

THE ONTARIO GRADUATE NURSES' ASSOCIATION.

However much we may love hospitals and superintendents of training-schools, of whose newly-formed associations we have just been writing with both pride and pleasure, we are sure that neither of these august bodies will think any the less of us if we boldly avow that our first love, the nurse herself, still holds a paramount place in the affections and the counsels of *THE CANADIAN NURSE*. The superintendent always was a nurse before she was a superintendent, and once a nurse always a nurse; and the hospital is the place where the nurse is made, and the interests of the hospital and the nurse are, or should be, identical. It is therefore with special interest that we commend to the consideration of all our readers the proceedings of one of the Graduate Nurses' Associations of Canada (c.f. Official Department). We hope soon to publish similar accounts of the annual meetings of nurses' associations in Manitoba and the other Provinces.

A NURSES' CLUB HOUSE IN TORONTO.

The nurses in Toronto are becoming more numerous each year, the additions being from outside towns, England, and the United States, as well as from local hospitals. The city hospitals have their alumnae associations, where the graduates may meet for mutual improvement and social intercourse, but the outside nurses have no such place. Besides this, it is felt that a common meeting-ground is necessary, so that the good-fellowship which should exist among members of the profession may be furthered. This good-will has been growing rapidly during the past few years, and it is felt that the time is ripe for a Nurses' Club House

in Toronto. To make it a success the nurses should all take an interest in the project and give their united support, both by their loyal good-will and financially.

One suggestion is that a joint-stock company of nurses be formed to provide the capital necessary for buying a suitable building. The income from the nurses' rooms, committee rooms, registry office and dining-room should pay the running expenses, repairs and dividends on the stock. There are several desirable places which may be got at a reasonable price. The question is, "Will the nurses co-operate in this venture, which will be under their own management?"

The Club House would centralize all nursing interests and be the headquarters for the nurses of Ontario. Nurses from outside when coming to Toronto may find a home there, or if there is not sufficient room, convenient rooms could be obtained near by, and they could make the Club House their headquarters. Such a home for the nursing profession is greatly needed in Toronto. No one who reads the present number of *THE CANADIAN NURSE* but will feel it. How many old friends we missed on Easter Saturday and Easter Monday, and how many new friends we lost the chance to meet because there was no "fire-side" of our own where *all* would be welcome and where all could "foregather." Success to the Club House!

THE INTERNATIONAL NURSING CONFERENCE, PARIS.

We have pleasure in presenting to our readers the Official Draft Programme of the Conference. Fortunate will be the nurse who goes to Paris—Paris the lovely, the gay, the hospitable, the polite. Social events, receptions, sight-seeing, are arranged also for every day, and we would draw special attention to the powerful aid and interest that M. Mesureur is lending to the Conference. Canadian nurses will be cordially welcomed. Therefore, dear reader—Go!

We had almost forgotten to say that by some mistake the name of *THE CANADIAN NURSE* is omitted on June 20th. Our history is written, and will be there, and will be read, D.V., by our representative, Miss Crosby.

DRAFT PROGRAMME OF INTERNATIONAL NURSING CONFERENCE.

The Conference will be held in the Great Hall, Musée Social (this hall has been generously placed at the disposal of the International Council of Nurses free of cost by the Council of the Musée Social), 5 Rue Las-Cases, Paris, June 18th, 19th and 20th, 1907.

TUESDAY, JUNE 18TH.—MORNING SESSION, 9.30 TO 12 O'CLOCK.

President of Session and Introductory Speaker—Mons.

Mesureur, Directeur de l'Administration Générale
de l'Assistance Publique.

The Modern Nursing Movement in France.

"The Work of the Assistance Publique for Nursing Education," Mons. Mesureur.

"The Laicisation of the Paris Hospitals," Dr. Bourneville.

"The Association for the Development of Assistance to the Sick, and the Nursing School in the Rue Amyot," Mme. Alphen Salvador, Founder and President.

"The Home School for Private Nurses at Paris," Mlle. L. Chaptal.

"The Early Teaching of Nurses at the Salpêtrière Hospital, Paris." Mme. P. Gillot, late Directrice of Schools at the Salpêtrière.

"The Organization of Hospitals in the Provinces," Dr. Lande, Member of the Conseil Supérieur de l'Assistance Publique, and Administrator of Civil Hospitals at Bordeaux.

"The Training Schools for Nurses at Bordeaux," Dr. Anna Hamilton, Directrice of the Maison de Santé Protestante and of the School for Nurses at Bordeaux.

"What Remains to be Done," Dr. Rist.

Discussion.

AFTERNOON SESSION, 2-4 P.M.

President of Session—Mrs. Bedford Fenwick, Founder of
the International Council of Nurses.

The Practical Training of Nurses.

"A Hospital Preparatory Course of Instruction for Nurses," Miss M. Adelaide Nutting, Superintendent, Training School for Nurses, Johns Hopkins Hospital, Baltimore, U.S.A., Professor, Columbia University, New York.

"A Central School Preparatory Course for Nurses," Miss M. Huxley, late Matron, Sir Patrick Dun's Hospital, Dublin.

"The Training of the Nurse in the Wards, and the Position and Duties of the Matron," Miss Isla Stewart, Matron and Superintendent of Nursing, St. Bartholomew's Hospital, London; President of the Matrons' Council of Great Britain and Ireland.

"The Progress of Nursing Education in Germany," Fraulein Karll, President of the German Nurses' Association.

"The Status of Nursing in Holland," Miss Van Landschot-Hubrecht, Dutch Nurses' Association.

"Nursing Efforts in Italy," Miss Amy Turton and Miss Baxter.

"The Uniform Curriculum and Special Examination for Matrons in Australasia," Miss S. B. McGahey, President, The International Council of Nurses.

"The Hospital Economics Course, a Special Course for Matrons at Columbia College, New York, U.S.A.," Miss L. L. Dock, Hon. Sec., International Council of Nurses.

Discussion. Opened by Miss Mollett, Matron, Royal South Hants Hospital.

WEDNESDAY, JUNE 19TH.—MORNING SESSION, 9.30 TO
12 O'CLOCK.

President of Session.—Mme. Alphen Salvador.

The Public and Social Responsibilities of the Nurse.

"The Scope of the Maternity Nurse," Miss M. Breay, Hon. Sec., Matrons' Council.

"Maternal Aid," Dr. Dubrisay.

"Assistance to the Wives and Infants of Working Men," Mlle. L. Chaptal.

"Germany's War on Infantile Death," Fraülein Erna Weydemann, Sister, Dusseldorf Hospital, Germany.

"The Part of the Trained Nurse in the Campaign against Tuberculosis," Miss M. L. Johnson, Superintendent of Nurses, Visiting Nurses' Association, Cleveland, U.S.A.

"The Nurse in the Public Schools," Miss Rogers, Chief of the Staff of Public School Nurses, New York Board of Health, and Miss H. L. Pearse, Superintendent of School Nurses under the London County Council.

Discussion. Opened by Miss Ella Wortabet.

AFTERNOON SESSION, 2-4 P.M.

President of Session—Miss M. Adelaide Nutting, Professor, Columbia University, New York.

"The Nursing of the Poor in Their Own Homes," Miss Amy Hughes, General Superintendent, Queen Victoria's Jubilee Institute for Nurses, England, and Miss Fulmer, Superintendent Visiting Nurses' Association, Chicago, U.S.A.

"The Nurses' Settlement, New York," Miss Lilian D. Wald, Founder.

"Private Duty Nursing," Miss E. M. Roberts, late Lady Superintendent, the Nurses' Co-operation, London.

Discussion. Opened by the Lady Hermione Blackwood, President, Ulster Branch, Irish Nurses' Association.

(To be continued.)

Editorial Notes.

CANADA.

The Canadian Nurses Association.—We sincerely congratulate the Association on its Act for Incorporation. May it be the first-fruits of a harvest of wise laws for the common good in relation to the nursing profession!

The New Book.—The publication of a book by the T.S.C.H. Alumnae is an important event, inasmuch as it is the first book published in Canada by nurses, with the exception of Mrs Carr's good story. We wish it success. Our readers will find it fully described elsewhere in this issue.

The Canadian Nurse.—"The success of our dear friend THE CANADIAN NURSE, up to the present time has been phenomenal. In consequence of such success it has become still more ambitious, and in January made its first appearance as a monthly magazine. We are glad to note that it is receiving hearty support from the nurses in all parts of Canada. Congratulations to the editor, Miss Helen MacMurchy, and to her associates!"—*The Canadian Practitioner and Review*, February, 1907.

UNITED STATES

Affiliation.—The Norfolk Hospital for the Insane in Nebraska and the Clarkson Hospital at Omaha have arranged for affiliation. This is a good plan, and one that has been proposed more than once in Ontario.

Miss Drown's Semi-Jubilee—Miss Drown has been Superintendent of the Boston City Hospital for twenty-five years, an event which was recently celebrated by her friends, who gave a reception in her honor, at which a presentation was made to her. Miss Drown has many friends in Canada, who will join with THE CANADIAN NURSE in hearty congratulations.

ENGLAND.

Nurse Sarah Cross was presented with an illuminated address recently at the Middlesex Hospital by the Governors, referring to her heroism at Jamaica, and saying that, "Her fortitude and noble devotion signally redound to the honor of the nursing profession and of British womanhood.

The International Red Cross Conference.—Under the Presidency of Lord Roberts, and at the usual interval of five years, the eighth International Red Cross Conference will take place in London on June 10-14, 1907.

Royalty at the Hospitals during Lent.—The Prince and Princess of Wales paid an informal visit to Guy's early in Lent. Her Majesty the Queen paid a surprise visit to the Jubilee In-

stitute for Nurses on Victoria Street, to which, as will be remembered, she gave some time ago the queenly gift of £1,000. Her Majesty, with all her wonted gracious kindness, visited all the rooms and greeted some twenty or thirty London superintendents who had been hurriedly summoned to receive her. Another visit which will long be remembered was that paid by Her Majesty the Queen and her sister, Empress Marie of Russia, to the London Hospital, of which Her Majesty is the President. The royal ladies visited the Nurses' Home, where they found a Danish sister, with whom they conversed in their native tongue; the cookery room, where they tasted several dishes, and the Queen pointed out to her sister a milk jelly, which was the first thing the King was allowed to eat when he began to recover from the operation in 1902; the children's ward, and other wards, speaking to every single patient in every ward they entered. The visit occupied three hours and was so long that it was necessary for lunch to be served. The Queen requested all who had accompanied her through the hospital to join her at luncheon, and dispensed with the services of the royal footmen, thus giving the sisters the privilege of waiting on her. Altogether, the infinite tact and courtesy and kindness of the Queen won all hearts, the while she evinced rare powers of observation and a thoroughness and capacity that any other hospital president might envy. Luncheon was a very happy occasion, Her Majesty showing her love of fun by unexpectedly rallying one of the sisters. It may well be supposed that every one who could make any excuse to be at the London was there on this red-letter day, March 9th. The night nurses stayed up, the out-patients forgot their "days" by hundreds, the students were all there. It is said that when Prince of Wales the King was once heard to say that when the Princess once got into a hospital ward there was no getting her out again. Every doctor and nurse in the Empire will sympathize with Her Majesty in feeling the attraction of a hospital ward.

SCOTLAND.

Scotland.—Miss Guthrie Wright, who was such a friend of the Queen's Nurses in Scotland, and whose death was mourned by all, from the Queen down to the poorest Scotchwoman, has left her estate of some thousands of pounds to the nurses, to be used for their benefit, both in sickness and health, as well as in old age.

Cerebro-Spinal Meningitis.—A serious epidemic of cerebro-spinal-meningitis exists at present in Great Britain. In Glasgow it began mysteriously in the end of 1906, and in January, 1907, 162 further cases were certified. Dr. Chalmers, one of the greatest medical health officers in the world, has introduced the policy of compulsory notification of the disease. Dr. Osler, in a recent address, spoke of the comfort given to the patient by hot baths.

FRANCE.

The Paris Conference.—It is hoped that a good number of Canadian nurses will be present at the Paris Conference on June 18th, 19th and 20th. Miss Crosby (T. G. H.) is already across the water, and will no doubt stay for the conference. Miss Eastwood (V. O. N.) goes early in May.

Over-work.—Miss Knott and Miss Sanderson, the matron and Assistant Matron of the British Lying-in Hospital, have resigned on account of being scandalously overworked. It is hoped the matter will be investigated. There are many superintendents who are greatly, and even cruelly, overworked, and we are glad that these ladies have thus brought the matter to the attention of all. They have unselfishly acted for the common weal.

NEW ZEALAND.

New Zealand.—Nurses cannot be registered in New Zealand *unless they have had a three years' course of training at one hospital.* Mrs. Grace Neill, the Assistant Inspector-General of Hospitals, has just resigned, after having done excellent work. She was largely instrumental in securing "The Nurses' Registration Act."

SOUTH AFRICA.

Queen Victoria's Portrait.—The Prince of Wales has presented a portrait of the late Queen Victoria to the Nurses' Home, New Somerset Hospital, Cape Town, built in memory of Her Majesty.

Lord Roberts' Gratitude.—Lord Roberts said lately that "his knowledge of the worth of nurses in South Africa was enough to fill him with gratitude."

HOLLAND.

Holland.—The news of the terrible tragedy of the wreck of the *Berlin* off the Hook of Holland caused hospital nurses to be at once despatched from Rotterdam. They were able to do much to succor the survivors and to perform the last offices for the dead.

INDIA.

India.—We are indebted to Miss Hart (T.G.H.), Superintendent of Nurses in the Mary Taber Schell Memorial Hospital in Vellore, India, for a handsome illustrated report of the hospital for 1906. The hospital, the dispensary, the nursing department, and the evangelistic work are all fully reported, and every page is full of fresh interest and religious aspiration. The hospital has had great encouragements in the past year, and has had the honor of a visit from H. E. the Governor of Madras, Sir Arthur Lawley.



THE LATE PROF. G. A. PETERS,
M.D., F.R.S. (ENG.)

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnae Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnae Association.

The Galt General Hospital Alumnae Association.

The Guelph General Hospital Alumnae Association.

The London Victoria Hospital Alumnae Association.

The Kingston General Hospital Alumnae Association.

The Montreal General Hospital Alumnae Association.

The Montreal Royal Victoria Hospital Alumnae Association.

The Ottawa Lady Stanley Institute Alumnae Association.

The St. Catharines General and Marine Hospital Alumnae Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnae Association.

The Toronto Grace Hospital Alumnae Association.

The Toronto Hospital for Sick Children Alumnae Association.

The Toronto Riverdale Isolation Hospital Alumnae Association.

The Toronto St. Michael's Hospital Alumnae Association.

The Toronto Western Hospital Alumnae Association.

The Winnipeg General Hospital Alumnae Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia

Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

A correspondent requests information as to whether Canadian nurses are eligible for this service. We are informed that they are eligible, but a personal application is required to Miss C. H. Keer, Matron-in-Chief, at the War Office, London, Eng., and there are also certain conditions as to training and examinations, which may be obtained on application to her.

The following ladies have received appointments as Staff Nurses: Miss R. Beamish, Miss C. E. A. Harries, Miss A. Willes, Miss A. P. Wilson.

POSTINGS AND TRANSFERS.

Sisters.—Miss K. Coxon, to M. Hp., Portsmouth, from Cambridge Hp., Aldershot; Miss M. A. Cachemaille, to Cambridge Hp., Aldershot, from M. Hp., Portsmouth; Miss N. Blew, to Cambridge Hp., Aldershot, from M. Hp., Portsmouth.

Staff Nurses.—Miss B. M. Nye, to R. M. Hp., Woolwich, instead of R. V. Hp., Netley, on appointment; Miss C. Watson, to R. H. Hp., Woolwich, on appointment; Miss M. H. Smyth, to

the Q. A. M. Hp., London, on appointment; Miss E. McGrath, to the Q. A. M. Hp., London, on appointment; Miss R. Beamish, to Cambridge Hp., Aldershot, on appointment; Miss A. P. Wilson to R. I., Dublin, on appointment; Miss C. E. A. Harries, to Connaught Hp., Aldershot, on appointment; Miss V. C. Paschali, to the Q. A. M. Hp., London, from M. Hp., Chatham.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss V. L. Batteson, Miss A. M. Clapp, Miss M. H. Congleton, Miss A. R. Sibbald, Miss H. Winzer.

ARRIVALS.

Sisters.—Miss B. S. Vaughan and Miss C. K. E. Steel, from South Africa.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

THE CANADIAN PERMANENT ARMY SERVICE NURSING DEPARTMENT.

The same correspondent requests information as to applications for this service. We are officially informed that there are no vacancies at present in this service, but there are vacancies in the corresponding branch of the Militia Service. Application should be made to the Principal Medical Officer of the District, as follows:

No. 1 District, London, Lieut.-Col. Belton; No. 2 District, Toronto, Lieut.-Col. Fotheringham; No. 3 District, Kingston, Lieut.-Col. Duff; No. 4 District, Ottawa, Lieut.-Col. Gorrell; No. 5 District, Montreal, Lieut.-Col. Birkett; No. 6 District, Montreal, Lieut.-Col. Worthington; No. 7 District, Quebec, Lieut.-Col. Parke; No. 8 District, St. John, N.B., Lieut.-Col. March; No. 9 District, Halifax, Major Dunn; No. 10 District, Winnipeg, Major Devine; No. 11 District, Victoria, Lieut.-Col. Grant; No. 12 District, Charlottetown, P.E.I., Lieut.-Col. Johnson.

THE CANADIAN HOSPITAL ASSOCIATION.

The inaugural meeting of this Association was held in the Parliament Buildings, Toronto, on the afternoon of Monday, April 1st, and was largely attended, the following, among others, being present: The Hon. W. J. Hanna, the Hon. J. J. Foy, the Hon. Adam Beck, Dr. R. W. Bruce-Smith, Mr. S. A. Armstrong, Dr. Renwick Ross, of Buffalo; Miss Banks, Fort William; Miss

MacDuffie, Thessalon; Miss Park, North Bay; Dr. Drennan, St. Thomas; Miss Morton, Collingwood; Miss Duncan, Owen Sound; Miss O'Neill, of Guelph; Miss Hollingworth, St. Catharines; Miss Griffiths, Goderich; Miss Millen, Lindsay; Miss Chesley, Ottawa; Miss Robinson, Galt; Miss Green, Belleville; Miss Kennedy, Chatham; Miss Griffiths, London; Miss Tohnie, Brantford; Dr. Gordon, Gravenhurst; Mr. Heard, London; Dr. Robertson, Ottawa; Dr. Ryan and Dr. McIntyre, Kingston; Mr. Webster, Montreal (R. V. H.); Dr. Hickey, Cobourg; Dr. Foster, Mimico; Dr. Spohn, Penetang; Dr. Williams, Woodstock; Dr. Beaton, Orillia; Dr. Russell, Hamilton; and Miss Snively, Miss Brent, Miss Smedley, Miss Mathieson, Miss Gray, Miss Patton, Dr. J. N. E. Brown, Dr. Clarke, Dr. Meyers, of Toronto.

Dr. McIntyre, of Kingston, was called to the chair, Dr. Brown was elected Secretary, *pro tem.*, and the formal resolution organizing the Association was passed, after which the Association had the pleasure of listening to addresses by Dr. Ross, of Buffalo, President of the American Hospital Association, Dr. Bruce-Smith, Dr. Ryan, and Dr. O'Reilly.

A committee was then appointed to report on the Constitution and By-laws and to nominate officers for 1907-8. Their report, which was adopted, was as follows: President, Miss Brent, Toronto; 1st Vice-Pres., Dr. C. K. Clarke; 2nd Vice-Pres., Dr. McIntyre; 3rd Vice-Pres., Mr. Kenny, Halifax; 4th Vice-Pres., Mr. Webster; 5th Vice-Pres., Mr. A. L. Cosgrove, Winnipeg; Secretary, Dr. J. N. E. Brown, Toronto General Hospital; Treasurer, Miss Patton, Grace Hospital, Toronto.

The chief articles of the Constitution are as follows:

I.

The name of this Association shall be "The Association of Hospital Superintendents of Canada."

II.

The object of this Association shall be the meeting together at stated times of those in immediate charge of hospitals for the interchange of ideas, comparing and contrasting methods of management, the discussion of hospital economics, the inspection of hospitals, suggestions of better plans of operating them, and such other matters as may affect the general interests of the membership.

III. MEMBERSHIP.

Section 1. The membership of this Association shall be active and honorary.

Section 2. Active members shall be those who are at the time of their election the executive heads of hospitals and assistants, without reference to sex, title or denomination.

Section 3. All applications for membership shall be in writ-

ing, and addressed to the Secretary, and shall be endorsed by one or more members of the Association. They shall be referred by the Secretary to the Committee on Membership for examination and report. The candidate shall be notified of the result. If elected, he shall become a member of the Association on payment of an initiation fee of \$1.00, which shall also cover his first dues.

Section 4. Any ex-member of the Association, or any one whose services in the judgment of the Association may entitle him to special recognition, may be eligible for election as Honorary Member.

Honorary Members shall be elected at the annual meeting. Their names must be sent in to the Secretary, who will notify every member of their proposition at least one week before the annual meeting, stating reasons why it is proposed to confer the honor.

Section 5. Honorary Members shall have all the privileges of active members, except voting. They shall be exempt from the payment of dues.

It was decided to hold the next meeting in Toronto, and also to extend a cordial invitation to the American Hospital Association to meet in Toronto in 1908.

The superintendents of the Toronto hospitals then entertained the guests and members out of town at a dinner, which was greatly enjoyed by all present.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

This society was organized at "The Residence," Hospital for Sick Children, Toronto, on March 30th, 1907, Miss Snively, Chairman, and Miss Brent, Secretary, *pro tem*.

Miss Snively gave an address stating reasons for the formation of this society and a brief history of the steps taken towards its organization.

The following officers were then elected for the preliminary organization: President, Miss Snively, General Hospital, Toronto; 1st Vice-Pres., Miss Livingstone, Montreal; 2nd Vice-Pres., Miss MacFarlane, Vancouver; Secretary, Miss Brent, Sick Children's Hospital, Toronto; Treasurer, Miss Meiklejohn, Lady Stanley Hospital, Ottawa. Council: Miss Macdonald, Victoria Hospital, Halifax; Miss Wilson, General Hospital, Winnipeg; Miss McIsaac, General Hospital, Edmonton; Miss Molony, Jeffrey Hale Hospital, Quebec; Miss Patton, Grace Hospital, Toronto; Miss Sharpe, Woodstock; Miss Stanley, Victoria Hospital, London; Miss Green, General Hospital, Belleville; Miss

Scott, General Hospital, Kingston; Miss Chesley, St. Luke's Hospital, Ottawa.

The following Constitution was adopted in order to complete the preliminary organization:

Name.—This organization shall be known as the "Canadian Society of Superintendents of Training Schools for Nurses."

Object.—The object of this Association shall be to consider all questions relating to nursing education; to aid in all measures for public good by co-operation with other educational bodies, philanthropic and social; to promote by meetings, papers, discussions, cordial and professional relations and fellowship, and in all ways to develop and maintain the highest ideals in the nursing profession.

Members.—There shall be three classes of members: 1. Active; 2. Associate; 3. Honorary.

Classes of Members.—Active members of the Society shall be graduates of training schools connected with general hospitals, giving not less than a two years' course of training, in the wards of the hospital, or whose experience gained by post-graduate or other additional school work might justly be considered its equivalent. This will be understood to include members of the preliminary organization, who hold these qualifications, all present superintendents of schools of nursing and superintendents of special educational departments of nursing.

Associate members, if qualified as heretofore specified, and acceptable to the Association, shall include all assistant superintendents, school instructors and heads of special departments. They shall be eligible for such membership during the time they are holding such appointments.

Honorary members shall be those of whom the Association wishes to signify its appreciation and hold in grateful remembrance for signal service to the profession or to humanity.

Officers.—The officers of the Society shall consist of a president, first vice-president, second vice-president, secretary, treasurer, two auditors, and six other members of the body to be called councillors. All of these officers shall constitute a body which shall be known as the council.

Meetings.—Meetings shall be held once a year, the first regular meeting to be held in Montreal, P.Q., Wednesday, Sept. 11th, 1907.

Executive Committee.—There shall be an Executive Committee composed of the officers of the Society and two other members, whose duty shall be to prepare the Constitution and By-laws, and report at the first regular meeting.

Dues.—The membership fee for the preliminary organization shall be \$1.00.

The following ladies have signified their desire to become

charter members of the Canadian Society of Superintendents of Training Schools for Nurses, and were enrolled as members:

Lady Superintendents: E. Stanley, V. H., London; F. Henderson, R. V., Montreal; A. Macfarlane, G. H., Vancouver, B.C.; M. MacIsaac, G. H., Edmonton, Alta.; C. M. Bowman, G. H., Portage la Prairie, Man.; Augusta Blakely, V. H., Yorkton, Sask.; Georgie M. Molony, J. H. H., Quebec; Rahno Aitken, W. H., Montreal; Nora E. Livingstone, G. H., Montreal; Jessie Duncan, G. H., Owen Sound; A. J. Scott, G. H., Kingston; M. J. Morton, G. H., Collingwood; M. L. Meiklejohn, L. S. I., Ottawa; C. H. Green, G. H., Belleville; N. M. Miller, R. M. H., Lindsay; Frances Sharpe, G. H., Woodstock; E. B. Clarke, G. H., Sarnia; Gertrude Sheilds, V. H., Almonte; Elizabeth MacWilliams, G. H., Fergus; H. G. Tolmie, J. S. H., Brantford; L. J. Sheppard, B.-W. H., Berlin; H. Hollingworth, G. & M. H., St. Catharines; Annie A. Chesly, St. L. H., Ottawa; W. M. Brereton, G. H., Dauphin, Man.; M. R. Macdonald, V. G. H., Halifax, N.S.; Christina Banks, M. H., Fort William; R. J. Kirk, V. P. H., Fredericton, N.B.; M. A. Snively, L. Brent, K. Matheson, A. Smedley, E. M. Patton and Miss Sawers, Toronto; Miss Chilman, Stratford; Miss Robinson, Galt.

Associates: F. M. Shaw, G. H., Montreal; A. Stewart, M. Cringle, E. Thorpe, A. Hartley, M. Allen, C. Brown, and M. Kerr, Toronto General Hospital.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO ANNUAL MEETING.

The fourth annual meeting of the Graduate Nurses' Association of Ontario was held in Court Room No. 1, Temple Building, Toronto, on Saturday, March 30th, 1907, at 2 p.m.

Miss Eastwood, President, occupied the chair, and opened the meeting with prayer, followed by the roll call.

The Minutes of the last annual meeting were read by the Secretary, Miss Matheson, and adopted.

The Treasurer reported as follows:

Balance on hand	41.81
Fees received	172.00
Unpaid fees	48.00
Expenditure	164.83
Cash on hand	49.17

The new members, 27 in all, were received into the association.

Miss Patton read her report of the Legislation Committee. (See THE CANADIAN NURSE, June, 1906.)

The President explained that they had taken a new departure this year in connection with voting, and did so knowing it was contrary to the letter, but not to the spirit, of the Constitution, in order to shorten the business proceedings.

The action of the Executive Committee was sustained, and the following officers unanimously elected: President, Miss Brent, Toronto; First Vice-President, Miss Lawler, Toronto; Second Vice-President, Miss Robinson, Galt; Recording Secretary, Miss Mathieson, Toronto; Corresponding Secretary, Miss J. Stewart, Toronto; Treasurer, Miss Hamilton, Toronto. Advisory Board—Miss Eastwood, Mrs. Paffard, Miss Barwick, Mrs. Yorke, Miss Mary Gray, Miss Graves, and Miss De Vellin, Toronto; Miss Chilman, Stratford; Miss Hollingworth, St. Catharines; Miss Sheppard, Berlin; Miss Sharpe, Woodstock; Miss Green, Belleville; Mrs. Tilley, Kingston.

The following amendments to the Constitution were carried:

Article III., Clause 1. That the words "of any size" be changed to "in good standing."

Article III., Clause 2. That a committee be formed for considering applications, and that the application forms read: "Signed by the Superintendent of her training school and two members of the Ontario Graduate Nurses' Association."

Article V., Clause 2. "The Executive Committee of the Ontario Graduate Nurses' Association shall have power to call special meetings, provided ten days' notice be given to each member."

Article V., Clause E. "That a Reception Committee be formed; this committee to make all necessary arrangements in connection with all meetings of the Ontario Graduate Nurses' Association." (Committee for 1907-08: Mrs. Greer and Misses Morrison, Woodland and Standen.)

The following committee was appointed to consider the question of reaching and interesting all the nurses of Ontario in the work of the O. G. N. A.: Misses Julia Stewart, Robinson, Brent, Standen, Mitchell and Barnard.

Dr. Harley Smith then gave an address on "Recent Advances in Medicine." This instructive paper was listened to with deep interest, and at the conclusion Miss Johnson, Galt, seconded by Miss Morton, Collingwood, moved a very hearty vote of thanks. Carried.

Miss Robinson moved, seconded by Miss Chesley, "That Article X. be numbered XI."

The President read the last clause, viz.: "In order to facilitate business in future, the ballots will be recorded before the annual meeting. The conveners of the various committees to be chosen from the Executive. Each convener will be given the power to select her own committee," and remarked that this had been

done at this meeting, and asked if it would be satisfactory in the future.

Miss Boyd moved that the voting in the future should be conducted on the same plan as to-day, which is the same as is used in the University. Seconded by Miss Muir. Carried unanimously.

Miscellaneous business called forth an interesting paper read by Miss Stewart, on the history of THE CANADIAN NURSE. This was well received.

The President, Miss Eastwood, thought two representatives from the association should be appointed on the editorial staff of THE CANADIAN NURSE. Miss Eastwood and Miss Beam were appointed.

Mrs. Paffard moved a very hearty vote of thanks to the retiring President, Miss Eastwood, for the sympathy she has shown and the time and effort given to the furtherance of the association. Carried unanimously.

The President thanked the members heartily, and hoped the officers would be as loyal to the new President as they had been to her.

On being called to the platform, the new President thanked the members of the association for the honor conferred upon her. She modestly referred to herself as a novice, and felt that without the assistance of her able officers, the work of the year would be a failure. This year a great deal had certainly been accomplished, and she hoped the coming year would be as successful as the past.

The following conveners of committees were appointed at a meeting of the Executive on April 10th: Press and Publication, Miss Mary Gray; Legislation, Mrs. Paffard; Revision of Constitution, Miss Lawler.

PRIVATE BILL.

AN ACT TO INCORPORATE THE CANADIAN NURSES ASSOCIATION.

3rd Session, 11th Legislature, Quebec, 7 Edward VII., 1907.

Whereas the persons hereinafter mentioned have, by their petition represented:

That an association has existed for some years past in the city of Montreal under the name of "The Canadian Nurses Association," the objects of which are the mutual instruction and improvement, and the graduate professional instruction of trained nurses, the establishment of a sick benefit fund, to make some provision for nurses in case of sickness or death, the regulation of the fees to be charged by members for services and other analogous objects;

That the said association is composed of the persons herein-

after named and others and that the incorporation of the said association would greatly increase and secure the advantages resulting therefrom;

Whereas the persons hereinafter named have, by their petition, prayed that they and their successors may be incorporated in conformity with the regulations and provisions hereinafter mentioned;

Therefore, His Majesty, with the advice and consent of the Legislative Council and of the Legislative Assembly of Quebec, enacts as follows:

1. The Misses Florence Henderson, Marie Antoinette Morin, Elizabeth Baikie, Catherine Parmentier, Henrietta Danlop, Emma Dalpe, Emily Cooper, Helen DesBrisay, Lilly Phillips, Marie Antoinette Lamoureux, Helen Hill, Annie Colquhoun, Georgina Colley, Cecile Howie, Estelle Weil-Brenner, all of the city of Montreal, who shall be the first directors of the association, and such other members as now are or shall, under the provisions of this Act and the by-laws of the said association, be or become members thereof, shall be and they are hereby constituted a corporation under the name of "The Canadian Nurses Association."

2. The head office of the association shall be in the city of Montreal.

3. The by-laws, rules and regulations of the said association in force at the time of the passing of this Act, shall be, and continue to be, the by-laws, rules and regulations of the said corporation, until the same are altered by the directors of the said corporation; and the officers of the said association, at the time of the passing of this Act, and each of them, shall continue to fulfil their respective duties as officers of the said corporation, and to manage and conduct the affairs thereof, until others shall be appointed in their stead, under the said by-laws, rules and regulations.

4. The said association may assume, hold and possess real estate to an amount not exceeding in annual value the sum of ten thousand dollars, and may alienate, hypothecate or dispose of the same.

5. This Act shall come into force on the day of its sanction.

ON Tuesday, February 1st, Miss Morton, Superintendent of the General and Marine Hospital, Collingwood, gave a tea to enable all the graduate nurses who could be present to meet Mrs. Munroe (nee Bell), class of 1903, who, with her husband, is down from Winnipeg for the winter months. Mrs. Munroe was delighted to once more meet with her old companions in training, and to make the acquaintance of the newly-fledged graduates.

The Contributors' Club.

One of our correspondents speaks of reading the Nurse's Library eagerly every month to find new books for her hospital library. Miss Brent, at our request, has kindly contributed to this department the following catalogue. This library, like everything else in the Maria Robertson Residence, was provided by the generosity of Mr. John Ross Robertson:

Rules of the Library.

1. The Medical Library is open daily from 8 a.m. until 10 p.m.
2. No book is allowed to be removed from this room.
3. Every reader, who has not finished reading her book, must return it to the shelf in the book case reserved for books which are in actual use by readers.
4. This room is solely for study purposes.
5. Absolute silence must be maintained.
6. Books must be handled carefully.
7. Writing in books is prohibited, and any book injured, soiled or destroyed must be replaced by the reader.
8. The librarian of the Circulation Library has charge of the room, and any information required will be furnished by her.
9. The use of ink for making extracts or notes is not permitted.
10. Books when read must be returned to their numbered place in the bookcase.

Catalogue—Medical Library.

No.	Title.	Author.
1—	Bandaging, Dressing, Guide to Surgical.....	Smith
2—	Poisons, Memoranda on.....	Tanner
3—	Medicine and Surgery, Pocket Cyclopedia of.....	Gould
4—	Medical Words, 30,000, Pronounced and Defined...	Gould
5—	Injured, First Aid to.....	Warwick
11—	Hygiene and Public Health.....	Whitelegge
12—	Physiology and Hygiene, 1,001 Questions on.....	—
13—	Toxicology	Brundage
14—	Mental Nursing.....	Harding
15—	Nursing, A Study in.....	Pringle
16—	Fever Nursing	Harding
17—	Friendly Visiting Among the Poor.....	Richmond
18—	Baby: His Care and Training.....	Wheeler
19—	Teeth, The Care of.....	Hopkins
20—	Infant Diet	Jacobi
31—	Children, The Care and Feeding of.....	Holt
32—	Obstetric Nursing	Fullerton

(To be continued.)

Correspondence.

FROM A HOSPITAL SUPERINTENDENT.

DEAR MADAM,—We are all pleased to receive THE CANADIAN NURSE as a monthly journal; even the junior nurses take a great interest in it. Because it is Canadian seems to make it dearer to Canadian nurses.

In this town, which will soon be a city, there is a greater demand for trained nurses than there was but a few years ago. This year, near the end of it, we expect to have our first graduation.

Hoping I have not tired you, and that I may hear from you in the future, I remain, yours sincerely.

Question Department.

TIME OFF DUTY.

Q. How much time off duty do other superintendents of small hospitals give to nurses who have been doing service in contagious department of hospital? Some nurses argue that they are entitled to the sum of their afternoons. What do you think?

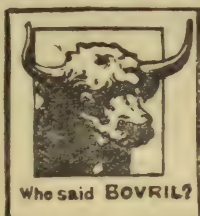
A. In my opinion, a nurse who loses her afternoons while doing duty either in the contagious department of an hospital, or on special cases, is entitled to have the time thus lost made up to her.

SUPERINTENDENT.

Q. To what use do you put surgical silk left after an operation? Some of our surgeons refuse to use it after it has been once boiled. They claim the boiling rots it.

A. It is generally admitted that re-sterilization injures silk, and surgeons will not use silk that has been re-sterilized. At one of the leading Canadian hospitals special reels of silk (2-yard length only) are used, four of such reels being placed in a test-tube and "dry-sterilized" by heat. Then a few moments before the operation begins the reels are removed from the test-tube and boiled. They are then ready for use. The old reels containing 10 or 12 yards of silk are not suitable nor economical.

THEATRE NURSE.

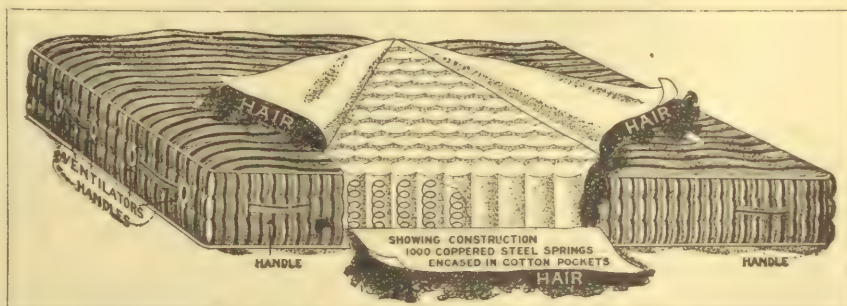


"I!" said the student;
"It's best to be prudent—"

"I said
Bouril



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Hospital and Training School Department

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MISS M. LUNIG has been very ill for the past ten days.

MISS GERTRUDE PALMER, graduate of L. S. L., Ottawa, is doing private work in Vancouver.

THE Hotel Dieu, at Windsor, Ont., is to be enlarged, and a training school for nurses may be added.

WITHIN two years the Hotel Dieu, at Montreal, will celebrate its two hundred and fiftieth anniversary.

THE Isolation Hospital and the new Nurses' Home of Vancouver General Hospital will soon be opened.

MISS SOPHIA DOHERTY, of the R. V. H., Barrie, has been visiting friends in Collingwood during March.

MISS ETHEL ROBERTSON, of Brockville, has been appointed head nurse in the new Niagara Falls Hospital.

THE Alumnae Association of St. Michael's Hospital Training School, Toronto, has started a sick benefit fund.

MISS ANNIE RODD, graduate of R. V. H., Montreal, is at present doing private work in New Westminster.

MAGNIFICENT new buildings are to be erected for the Montreal General Hospital at a cost of half a million dollars.

MISS CHRISTINE GUNDRY GODERICH, a Chatham, Ont., nurse, was recently married to Mr. W. J. Young, of Neepawa, Man.

THE annual fees of the G. N. A. O. are now due, and the treasurer will be pleased to receive the same at an early date.

Two obstetrical wards have been opened in General Hospital, Guelph, and were furnished by the ladies of Chalmers Church.

MISS G. C. ROSS, of the J. H. H., is to be Acting Superintendent on Miss Nutting's departure for her new sphere of work.

MISS RAHNO AITKEN is to be married early in June to Dr. Horatio Walker, of Cimarron, New Mexico, formerly of Duluth.

MISS NAN AITKEN, of Montreal, accepted the position of night superintendent in the Rutland Hospital, Rutland, Vermont.



We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

When ordering, please state waist measure and length of apron required.

THE CAP is made of muslin, with two frills and double border, edged with lace, each 12½c. Other styles and prices in stock.

COMFORT HOT WATER BOTTLE, finest red rubber, \$1.35, \$1.60, \$1.85, \$2.15 according to size.

HICKS' CLINICAL THERMOMETER, from 65c to \$2.00.

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TORONTO, CANADA

MISS SARAH ROSE, of Alliston, and Miss Eva Spitler, of Fingal, have just graduated from the Amasa Wood Hospital, St. Thomas.

MISS G. A. MITCHELL, of Guelph, a graduate of G. G. H., has been appointed Superintendent of Isolation Hospital, Edmonton, Alta.

RUDOLPHE FORGET, M.P. for Charlevoix, has contributed \$200,000 to the building fund of the Notre Dame Hospital at Montreal.

MISS J. BENNETT, graduate of General Hospital, Guelph, is taking a post-graduate course at the General Memorial Hospital, New York.

MISS DICKSON, head nurse at Weston Sanatorium for some time, has been appointed lady superintendent of the Sanatorium at Gravenhurst.

MISS MARGARET BORTHWICK, R.N., a graduate of Guelph General Hospital, is Superintendent of Nurses at the Macon Hospitals, Macon, Ga.

MISS CRAIG, formerly of Montreal, a graduate of St. Luke's, Chicago, has been appointed Superintendent of the Western Hospital, Montreal.

MISS JEAN HIGGINS is now in charge of surgical flat, Kenora Hospital, where the work is largely emergency work caused from dynamite explosions.

MISS JEAN ROBERTSON, graduate Mack Training School, G. & M. Hospital, St. Catharines, is recovering from a severe attack of enteric fever.

MISS ALICE LANDRY, V. P. H., Fredericton, who has completely recovered from a recent attack of pleurisy, is visiting friends in Fredericton.

MISS LILLIE E. BURNS, graduate, 1907, St. Joseph's Hospital, Chatham, will visit her brother in Port Huron before commencing private nursing.

MISS ANNIE CAULFIELD, of Guelph, graduate of the General Hospital, Guelph, left recently for Baltimore to take a position in Dr. Kelly's Sanitarium.

MISS MACDONALD, Superintendent of the Victoria General Hospital, Halifax, is making good progress towards recovery after a recent severe operation.

MISS C. GAULD, of Meridian, Sask., graduate of the Guelph General Hospital, has been ill of typhoid fever, but is now gaining strength and will soon be able to resume her professional duties. She is now making her home at Carnduff, Sask.

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*Non-Acid***SOZODON**

ALKALINE

Liquid - Powder - Paste

Teeth of persons subject to an acid or bilious stomach are liable to discoloration, which requires extra friction to remove. The Liquid, and Powder or Paste, used daily, will soon remove all such tartar-teeth clean and white, imparting a refreshing feeling to the mouth.

Very satisfactory results are obtained from using



**LIQUID
SOZODONT**

at night, and

SOZODONT

TOOTH

POWDER,

OR PASTE

in the morning.

**THE MINISTERING ANGEL**

THE fourteenth annual meeting of the Kootenay Lake General Hospital at Nelson, B.C., was held on March 12th and a fine report was presented. 220 patients have been treated during the year.

MISS MATILDA MURDIE, graduate Mack Training School, received an appointment as assistant head nurse in the new General Hospital, Niagara Falls, Ont., and commenced her duties in March.

MISS MAUD BOYES, one of the senior pupils in training in the G. & M. Hospital, Collingwood, who was obliged to undergo a very critical surgical operation recently, is now convalescing at the hospital.

MISS MYRTLE HODGINS, graduate of the Woodstock General Hospital, and late night supervisor of the General Memorial Hospital, New York, is spending a few weeks with friends in London, Ont.

MISS SOUTHCOTT, Lady Superintendent of the General Hospital, St. Johns, Newfoundland, has just perfected a remarkably complete report form, which has been printed for use in hospital wards.

MISS ALMA C. MURRAY, who has been for the past seven years head nurse in the Riverdale Isolation Hospital, Toronto, has accepted the position of Superintendent of the Isolation Hospital, Grand Rapids, Mich.

It is with the deepest regret that we record the tragic death of Miss Henderson (J. H. H.) in the earthquake at Jamaica. We offer our deepest sympathy to the graduates of the Johns Hopkins in this sad loss.

OWING to ill health, Miss Gertrude M. Moore, Matron of Royal Jubilee Hospital, Kenora, has resigned her position. Miss Moore, we believe, intends taking a trip further west before entering into active duties again.

MISS ISABELLE LIKELY, V. P. H., Fredericton, had the misfortune to meet with a severe accident recently while nursing a case in Woodstock, N.B., and as a result will not be able to resume her duties for some weeks.

MISS WILSON, Superintendent of the Winnipeg General Hospital, was in Toronto on March 28th, en route to the West, after a two months' study of the methods and training obtaining in the hospitals of the large American centres.

THE number of applications from trained nurses for admission to the 1907 spring and summer classes of the Pennsylvania Orthopedic Institute and School of Mechano-Therapy in Philadelphia is greater than in any previous year.

Instruction in Massage

**Swedish Movements, Medical and
Orthopaedic Gymnastics**

Term : 3 Months

Tuition Fee : \$60.00

Course in Electro-Therapy

Term : 2 Months

Tuition Fee : \$25.00

**Course in Hydro-Therapy in all
its Forms**

Term : 6 Weeks

Tuition Fee : \$30.00

The different branches of Instruction may
be commenced at the same time and
finished within three months

All Students Get Hospital Experience

Spring Classes open May 15th, 1907

Summer Classes open June 27th, 1907

Particulars and free booklet on Massage
upon request

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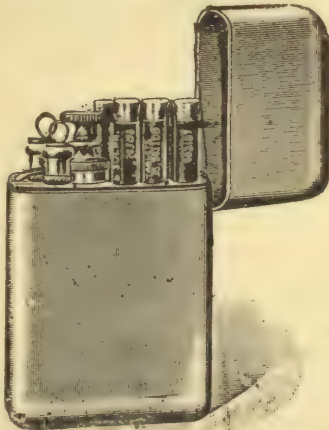
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to any TRAINED NURSE on
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value of GLYCO-THYMOLINE.
It stands on its merits.

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DRESSINGS of All Kinds
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PHONE M. 306

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145 Wellington St. W., TORONTO, ONT.

MISS BETH RICHARDSON, of the General Hospital, Guelph, who underwent an operation for appendicitis recently, is now convalescent, and will soon be able to resume her duties again.

MISS S. McCULLOUGH, graduate of the General Hospital, Guelph, has resigned her position in the Galt Hospital, Lethbridge, Alta., and has taken the position of head nurse of the Ymir Hospital, Ymir, B.C.

MISS ETTA STIRTON, graduate of General Hospital, Guelph, and formerly Superintendent of Hospital, Prince Albert, Sask., who has been visiting relatives in Boston, Mass., and Guelph, Ont., has returned to her home in Saskatoon, Sask.

MRS. W. J. HAMILL (*née* Foster), a graduate of the G. and M. Hospital, St. Catharines, is now residing at Hanley, Sask. Her many friends will be interested to hear of the birth of her little daughter, at Hanley, on October 8th, 1906.

MISS CLARA EVANS, Superintendent of the Kootenay Lake General Hospital at Nelson, B.C., who has been ill for two months, is now, we are very glad to report, convalescing, and hopes soon to be up and able to attend to her numerous duties.

WE are glad to hear that it has been finally decided, instead of adding to the present General Hospital at Calgary, to build a new one on a more desirable site. Calgary is growing rapidly, and increased hospital accommodation is much needed.

THE Alumnae Association of St. Michael's Hospital Training School for Nurses gave a delightful At-Home at St. Michael's Hospital on Monday, April 8th. The officers are: Pres., Mrs. Day; Vice-Pres., Miss E. R. Greene; Sec., Miss L. M. Graves; Treas., Miss A. McNevin.

It is possible that St. Catharines may have a new general hospital in the near future. Mr. E. McArdle has presented the Board of Trustees with a valuable site of three acres of land, with a large brick residence upon it, which could be used as a nurses' home. St. Catharines is also to have an isolation hospital.

MISS MINNIE E. SURBRAY, graduate of the City Hospital, Akron, Ohio, post-graduate of the Boston Floating Hospital, Boston, Mass., and who has been supervising nurse at City Hospital, Akron, Ohio, for some time, has been appointed to take charge of the new City Hospital at Warren, Ohio, duties to begin May 1st.

MISS ANNA A. HAWLEY, of Montreal (Worcester City Hospital, Mass., 1904), has been appointed Superintendent of the Queen Victoria Memorial Hospital in Dauphin, Man. Miss Hawley was formerly Assistant Superintendent at the Worcester City Hospital, and we are very much gratified to hear of her return to Canada and her appointment to this important position.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

MARTIN H. SMITH COMPANY,

NEW YORK, U. S. A.

THE Hepburn-Forsyth Nurses' Home in connection with General Hospital, Guelph, has been opened recently, and the nurses find their new quarters most comfortable.

A POST-GRADUATE course for trained nurses is offered at the Babies' Hospital, Lexington Ave., New York, in diseases of children. The hospital has sixty ward beds and admits for treatment sick children under three years of age, there having been admitted last year over 1,000 patients.

THE regular monthly meeting of the Alumnae Association of the Training School of the Toronto General Hospital was held in the lecture room of the Nurses' Residence on Tuesday, March 12th. After the business part of the meeting was concluded, Dr. Graham (Resident Pathologist, T. G. H.) gave a very interesting talk on Opsonins, which was much enjoyed by all present.

MRS. SNIDER, graduate of the Winnipeg General Hospital, 1902, and formerly Superintendent of the General Hospital, Neepawa, Manitoba, who, with her mother, Mrs. Halstead, has been spending the winter in Toronto, sails from New York on April 27th for a five months' trip abroad. Mrs. Snider was an interested visitor at the annual meeting of the Graduate Nurses' Association of Ontario on March 30th.

THE contracts for a new power house and laundry for Montreal General Hospital are out, and work will begin at once. These will be situated on a lot across Lagachetiere Street, with a tunnel connection to the main hospital building. Then a new pavilion is to be built at once for private patients, with a department for out-patient work on the lowest floor. This is to be on the corner of Dorchester and Cadieux Streets.

AT the annual meeting of the Graduate Nurses' Association of Ontario there was a very good representation of nurses from the different hospitals in Ontario, as well as from Toronto. Among the out-of-town visitors we noticed Miss A. Robinson, Galt; Miss Hollingworth, St. Catharines; Miss Chesley, Ottawa; Miss Tilley, Kingston; Miss Morton, Collingwood; Miss Chillman, Stratford; Miss Green, Belleville, and many others.

THE Washington State Association of Graduate Nurses met in Seattle on February 27th and 28th. A constitution and by-laws were adopted. The plan of state registration for nurses was the subject of animated discussion. The purpose is to raise the standard of the profession to protect both the association and the public. The Association endeavors to arrange the constitution so that it will harmonize with those of Oregon and California, in order to form a Tri-State Union. The *Pacific Coast Nursing Journal* was accepted as the official organ. Mrs. Etta B. Cummings, graduate Bellevue, N.Y., and Miss Margaret McMillan, graduate Toronto General Hospital, represented Tacoma.

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WE are indebted to the Sisters of Charity of the House of Providence, Kingston, for a copy of the very interesting annual report of the St. Vincent de Paul Hospital, Brockville. It is illustrated with many beautiful pictures and contains much valuable information. To us, one of the most interesting pages is that which gives a brief memoir of the Reverend the Mother Superior-General, Sister Mary Scholastica, who founded the hospital, and to whose memory it is a noble monument.

THE officers of the Toronto Riverdale Alumnae Association for 1907 are: President, Miss K. Mathieson, Riverdale Hospital; 1st Vice-President, Miss Susie Mears, 76 Avenue Road; Secretary, Miss K. Scott, Riverdale Hospital; Treasurer, Miss Elizabeth Argue, 505 Sherbourne Street. Conveners of Committees: Miss J. MacNeil, 505 Sherbourne Street, Programme; Miss M. Sawyer, 76 Avenue Road, Executive; Miss Mears and Miss MacNeil, representatives on the Central Registry Board.

THE new Nurses' Home of the McKellar General Hospital, Fort William, opened March 23rd, 1907, was the scene of a linen shower in March. The pretty home was *en fête* for the occasion. The shower of linen, which was almost a downpour, was very acceptable, and included every useful article in linen. The home is now well stocked with this necessary help to housekeeping. The visitors were received by Miss Banks, the superintendent, and Mrs. Mitchell, president Hospital Ladies' Aid.

THE portrait of a nurse, Miss Nutting, by Cecilia Beaux, exhibited at Walter Rowland's galleries, 431 Boylston Street, is one of the most remarkable characterizations of a type that has come from the brush of this exceptionally talented painter. It is a type which many persons know, and which unites the suaviter in modo with fortiter in re. A useful and estimable personage, strong of will, and very capable. The head is painted with an extraordinary certitude, candor and comprehension.—*Boston Transcript*.

THE home of Mrs. Robert Hackney, McTague Street, was the scene of a very pleasant event on March 20th, when the members of the Alumni Association of the Guelph General Hospital assembled to honor one of their number, Miss Stork, who leaves shortly for her new home in Calgary. During the course of the afternoon Miss Stork was presented with a handsome cut glass carafe, the presentation being made by Miss Walker, Secretary of the Association, while the President, Mrs. Douglas, read the address, to which Miss Stork replied. Afterward the hostess served dainty refreshments, and a most delightful time was spent. Those present of the graduate nurses were: Misses Leadlay, Carlton, Stirton and Thompson, and Mrs. (Dr.) Roberts. Mrs. A. A. Anderson, and Mrs. A. McMillan.

First Showing of the Spring Embroideries at Simpson's



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TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

Cambric Embroideries. Cambric Embroideries from 1 inch to 5 inches wide, per yard, **5c to 50c.**

Cambric Insertions. Cambric Insertions, from 1 inch to 4 inches wide, per yard, **5c to 40c.**

Nainsook Embroideries. Nainsook Embroideries, from 3-4 inch wide to 5 inches, per yard, **10c to 75c.**

"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c to 85c.**

Corset Covers Embroideries.

Corset Covers Embroideries, in Cambric, Nainsook and Swiss, 16 inches wide, per yard, **25c to \$1.25.**

All-over Embroideries. All-over Embroideries, in Swiss, Nainsook and Cambric, 22 inches wide in the small dainty "baby" effects; also "Blousing" in handsome designs in "eyelet" blind and "shadow," per yard, **\$1.00 to \$3.50.**

Blousing Insertions. Insertions in Cambric, Nainsook and Swiss for "blouses" in all the latest patterns, immense assortment in "shadow," "blind" and eyelet effects, 2 to 6 inches wide, per yard, **25c to \$1.50.**

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TORONTO, ONT.

THE Highland View Hospital, of Amherst, N.S., was opened three years ago with accommodation for thirty-four patients. The average number of patients receiving treatment in the hospital is about sixteen, the larger number of them being accident cases, as Amherst is a large manufacturing town. There is no training school, four or five graduate nurses being employed. During the last year the hospital was provided with four sterilizers and rubber matting in all the corridors. Though the hospital is small and still imperfectly equipped, there has been a growth in every direction during the past year.

A VERY charming and successful tea, by which the sum of \$85.50 was raised, was given by the Alumnae Association of the Kingston General Hospital, to pay for the decorating of the Nurses' Home. The guests were received by Mrs. Tilley, President of the Alumnae, and by Miss A. Scott, Superintendent of the Training School. The school colors of red and white were carried out both in the floral decorations and in the dresses of the nurses who served tea. The whole effect was extremely pretty, and the tea was enjoyed by every one who was able to be present.

MRS. LETT, widow of the late Rev. Dr. Lett, of Collingwood, died very suddenly on March 25th. She was a noble woman, full of generosity and charity. Beloved by every one for her genial, kindly disposition and unselfish devotion to good works, she will be deeply mourned and greatly missed. She was best known through her connection with the G. and M. Hospital, which she practically founded and largely supported by her munificent gifts and splendid organizing ability. Her last act was to provide an ambulance for the hospital. All the flags in Collingwood were at half-mast for her funeral. She was buried beside her husband in St. James Cemetery, Toronto.

THE Calgary Association of Graduate Nurses was founded in June, 1904, with seven members, and held meetings second Thursday of each month. The following year the membership increased to eighteen. One of the members (Miss Forbes, a graduate of Grace Hospital, Toronto) was married last June to Mr. Payne, a lawyer in Red Deer. A group photograph of the Association was taken and presented to the bride. Our Association will be three years old in June and we now number 35. The work of the Association has so increased in the last year that a corresponding-secretary had to be appointed. Almost every day there is a letter from outside towns asking for a nurse, such as, "Can you send me a maternity nurse for the last week in March should I send a telegram?" (By the way, they always forget to send a stamp for an answer.) It was through this Association writing to the Medical Association in Toronto for a journal of this kind that the Toronto alumnae took up the question of having a magazine.

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Nothing is removed from the milk but water, and nothing whatever is added to it.

It is guaranteed Pure Milk condensed.

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The Feeding of Infants

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MISS MARY GRAY
505 Sherbourne St.,
Toronto

THE usual monthly meeting of the Collingwood G. & M. Hospital Alumnæ Association was held on Thursday, March 7th, in the superintendent's sitting-room at the hospital. In the absence of the president, Miss Jennie Carr occupied the chair. There was a fair attendance of the members and some visitors, graduates from other hospitals. After the usual business had been transacted, Dr. S. R. Clemes read a most interesting paper on "The Digestive System," giving incidentally most valuable information on the causes of indigestion and the dietetic treatment of the same. Afternoon tea was then served, and after a little social chat the members took their departure.

GRADUATION exercises were held at St. Joseph's Hospital, Chatham, on Tuesday evening, March 19th, when diplomas and medals were received by Miss Lillie E. Burns, Amherstburg, Ont., and Miss Florence Darling, Chatham. The lecture room was tastefully decorated in the school colors of yellow and white, and a profusion of flowers. There was an interesting programme of vocal and instrumental music. Rev. Father James, O.S.F., who presided as Chairman, and Drs. Charters, R. V. Bray and Sullivan, gave suitable addresses. The junior nurses presented their departing companions with an address, beautiful bouquets, and as a souvenir a volume of nursing literature. The graduates also received many choice bouquets from numerous friends.

THE Alumnæ Association of Kingston General Hospital held their monthly meeting in the Nurses' Home on Tuesday, April 9th. There was a good attendance. The report of the Alumnæ tea was read and much satisfaction expressed at the result. The net amount was \$75. The sum of \$30 was voted for the purpose of buying much needed linen for the Nurses' Home. The Womans' Aid of the hospital are undertaking a "Made in Canada" sale in October, and asked the Alumnæ to take a booth, which they agreed to do. Mrs. Tilley read an interesting report of the annual meeting of the O. G. N. A., held in Toronto. It was decided to subscribe for THE CANADIAN NURSE, for the use of the nurses in training. The meeting adjourned at 4.40 p.m., when Miss Scott kindly invited the members to afternoon tea.

THE final finishing touches have now been added to the decoration of the interior of the Residence for Nurses, Sick Children's Hospital, Toronto, and the building will be open some time about the middle or end of April for public inspection. It is understood that about the end of April an At-Home will be given by the Lady Superintendent, and invitations will be extended to citizens who had not the privilege of being present at the opening ceremonial in February. All the nurses of the hospital are now installed in the residence, and they appreciate to the fullest extent the effort that Mr. Robertson has made to give them an ideal home. The entire building, from the basement to the top floor, has

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The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo-Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

Measles and Scarlet Fever

Alleviates inflammation of the bronchi and prevents bronchial complications.

Diphtheria

Authoritative tests show the vapor to be destructive to diphtheria bacilli. Vaporized Cresolene is prophylactic and adds to the probability of successful treatment.

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Used where it is desired to reduce dyspnea and irritating cough, adding greatly to the comfort of the patient.

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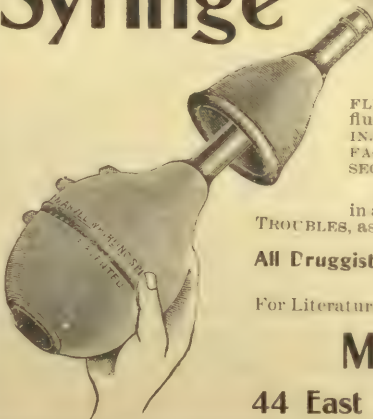
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assumed such an air of comfort that the nurses, after their day or night work at the hospital, are delighted to enjoy the restful rooms that have been provided for their comfort. The reception room, the parlor, the music room, the writing room and the library are all well patronized. The parlor and reception room are for the nurses and their friends. The music room, with a piano of exquisite tone, furnishes enjoyment for those who are fond of music, while the library, with its thousand volumes, gives literary entertainment from the best selection of general literature. The medical library on the second floor is always occupied, for in it is a collection of about three hundred books, which embraces every book of value in connection with nursing. During the summer months there will be a day in each week when the general public will be admitted by cards issued on application at the office of the hospital. Only a certain number can be admitted during an afternoon. This arrangement has been made necessary by the large number of applications which have been received from the public for an opportunity to see the building.

THE Alumnae Association of the Hospital for Sick Children have published a small book of some eighty pages on invalid cookery. The recipes have been compiled by Mrs. Macbeth, Dietitian of the Hospital. It is unique from the fact of the recipes having been reduced so as to enable one to make dishes for one person. It comes dressed in the colors of the hospital, blue and gold, with the Alumnae pin stamped on the cover. It has been dedicated to Mrs. J. Ross Robertson, to whom we are indebted for so many kindnesses. Mr. Robertson has been most kind in giving his advice and aid in the publishing. The book may be obtained from Miss M. Grey, 505 Sherbourne Street, for fifty cents, postage paid. There were some two dozen sold at the annual meeting of the G. N. A. O.

THE graduation exercises in connection with the Training School for Nurses at the Toronto Hospital for Incurables were held on Friday, March 8th. His Honor the Lieut.-Governor presided, and Mrs. Clark presented the diplomas. Dr. E. E. King addressed the graduates. Solos were rendered by Mr. Reehab Tandy and a reading was given by Miss Mabel Rogers. The gold medal, presented by Mr. Ambrose Kent, was awarded to Miss E. Cook, and the silver medal, presented by Dr. Riordan, Dr. Aikens and Dr. Davidson, was awarded to Miss M. E. Johnson. Miss Alice Scott received the prize of a pearl pin presented by Mrs. R. B. Hamilton for the best essay on "The Ideal Nurse." The following young ladies received their diplomas: Miss Etta Cook, Miss M. E. Johnson, Miss Lillia Scott, Miss Buckenfield, Miss Mabel Fremlin, Miss Jessie Hendry, Miss M. M. Bowman, Miss Lizzie White, Miss Alice Scott and Miss Amy Mercer. Walter E. Simmonds, an orderly, also passed the examinations with honors.

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THE graduate nurses of Edmonton held a meeting in February, at which it was decided to form an Association. Officers were appointed as follows: President, Mrs. Lee; 1st Vice-Pres., Miss Hobbs; 2nd Vice-Pres., Miss Johnston; Sec., Miss Trites; Treas., Miss McConaghy; Hon. Pres., Miss McIsaac. An Executive Committee was appointed to consist of all the officers and two other nurses, namely, Miss Martin and Mrs. Manson. A meeting of the Executive was called to prepare a constitution, which was presented to the members of the Association at the regular meeting in March, and was unanimously accepted. The name of our Association is the "Edmonton Association of Graduate Nurses." A number of our members are subscribers to THE CANADIAN NURSE, and we wish it every success.

AN open meeting of nurses was held in the Nurses' Residence of the Sick Children's Hospital, Thursday evening, March 21st, to discuss the formation of a Nurses' Club and the buying of a club house. Quite a number of nurses responded, and after considerable discussion a committee was appointed to look into the question of finances, as of course there will have to be an assured income before such a project can be carried into effect. There will probably have to be a joint stock company incorporated, with sufficient stock to buy a suitable house, the income from the rooms and other sources to be used for maintenance and finally dividends upon the stock. But there will need to be pledges from the nurses interested before anything definite can be done. It is thought that the nurses are numerous enough in Toronto now to have a club house of their own, and if all pull together the burden will not be a heavy one.

THE Nurses' Social Club of Toronto held its fifth monthly meeting in the Temple Building on the evening of March 20th, with Miss Brent in the chair. Dr. C. J. Copp gave a most interesting talk on the work of the Red Cross Society and St. John's Ambulance in Canada. Canada, not being an independent country, can not be one of the signatory powers to the Treaty of Geneva, but must form a branch of the British Red Cross Society. The Society has not made much progress in Canada, the most of its work having been done during the time of the Boer war. There is talk, however, of re-organizing the Society here, when it is hoped that the nurses of the Dominion will have an opportunity to give their assistance. The Red Cross Society, when originally planned, was intended to give relief during the time of war; the St. John's Ambulance, with its motto, "*Pro Utilitate Hominum*," "For the benefit of man," doing relief work during peace times, and toward this end giving a course of lectures in first aid to the injured, hygiene, home nursing, etc. The lectures, although few in number, are very comprehensive, and through their influence upon the classes which are held in schools, Y.M.C.A.'s, and the police department, it is hoped that in time

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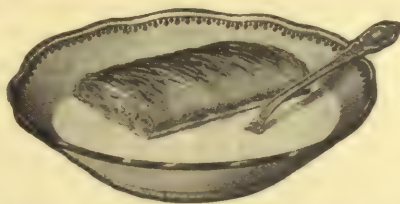
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the people will become so roused to the necessity of improving hygienic conditions that they will desire a Department of Health and Hygiene in the Legislatures of the Provinces. The work of the St. John's Ambulance Society in Great Britain was so effective that on the outbreak of the Boer war they were able to offer to the government the services of 2,500 trained men as orderlies. The Society is doing good and effective work here also. Dr. Copp recommended those nurses who wished to tender their services to the country to apply to Dr. Fotheringham, the P.M.O., for positions on the staff of the Army Medical Service as nursing sisters. At present there is provision for twenty-five, but when the different corps are completed there will probably be more positions open for nurses. A nursing sister ranks with a lieutenant and when on active service draws a lieutenant's pay, \$2.00 a day. In the United States the Red Cross Society was a few years ago re-organized under the name of the "American National Red Cross," and the idea being to make it really national. It is proving itself most efficient, both in war and peace emergencies, such as famine in Japan, earthquakes in San Francisco and Valparaiso, flood at Pittsburg, eruption of Vesuvius. The scope is world-wide and the motto practically that of the St. John's Ambulance. Miss Bowerman afterwards spoke of the misuse of the Red Cross, which, instead of being reserved for the Red Cross Society, is used as a trade-mark in medical supplies, hospitals, condensed foods, shoes, milk waggons, correspondence schools of nursing, and hosts of other improper places. The signatory powers to the Treaty of Geneva have pledged themselves to discontinue this abuse as quickly as possible. In many cases the trade-mark is protected by law, but the renewal of it can be refused. The Franco-American Food Company is one of the few which have offered to do away with it on their labels. Miss Dawson very kindly sang two solos, which were much appreciated by those present, as was also an instrumental solo by Mr. Parton. The next meeting will be an open one, and a really social time is expected. At the May meeting we expect to have an address from Rev. Dr. Teefy, which will be the last of this season.

MARRIED.

THIVIERGE—FORTIER.—On February 6th, 1907. Miss Azilda Fortier (graduate St. M. H., Toronto), of Pembroke, was married to Mr. J. A. Thivierge. They will reside in Ottawa.

The Pure Food and Drug Law went into force in the United States on January 1st, 1907. But Pond's Extract of Witch-Hazel contains no methyl alcohol or formaldehyde. It is always safe and stands vindicated before any pure food law.

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The Nurse's Library.

Mrs. Osborn, in the *Delineator* for May, describes a new travelling dress that will take the fancy of every nurse. It is washable. "Summer Outings," "The Care of the Hair," "Gardening," "When a Girl Graduates," and many other good things are to be found in the same number.

The University Magazine (The Macmillan Company of Canada) for April is No. 2 of Volume VI., but, as we all know, it has just taken a new start, and we are all deeply interested in its promise and its success. Scholarly, sincere, and of a noble stand-ard, we have had nothing like it in this country before. Archibald MacMechan's "Browning's Women," Mrs. Logan's "The American Novel," Stephen Leacock's "Greater Canada," Andrew MacPhail's "Loyalty to What," Duncan Campbell Scott's "At Perugia," to say nothing of other articles that our space does not permit us even to name—these are indeed a feast.

School Hygiene. By CHARLES PORTER, M.D. London, New York and Bombay: Longmans, Green & Co. Toronto: J. A. Carveth & Co.

Dr. Porter, who is a barrister of the Middle Temple, Chief Sanitary Inspector and Assistant M. O. H. of Leeds, has taken as the basis of this book the lectures delivered to the students of the Sheffield Training College and the teachers of the schools of Sheffield. It is a complete and useful work, containing a very great deal of information, and as so many nurses are now concerned with school hygiene, they will be interested in this book.

Antiseptic Methods. By HAROLD UPCOTT, F.R.C.S. London: Baillière, Tindall & Cox. Toronto: J. A. Carveth & Co.

Fifty pages of scientific common sense and surgery for nurses is here bound in red, well illustrated, and placed at the disposal of all for 2s. 6d. It is well worth it. Here are explained the secrets of the "boiled hand," the "normal saline," and the "formaline gelatine," and many other interesting things. It is a good little book.

A Hand-book of Nursing. By MISS M. M. OXFORD. London: Methuen & Co. Third edition.

The basis of this book is the teaching given to nurses at Guy's Hospital, and we have no hesitation in recommending it as one of the best text-books for nurses that we have ever seen. It is so practical, useful and reliable. It is one of the few books that are valuable both to the experienced nurse and to the recent graduate, or even undergraduate. The chapters on ward work, feeding and baths are almost ideal. This book should be in every nurses' library. If any book can teach common sense it is this one.

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Lessons on Massage. By MARGARET D. PALMER, of the London Hospital. London: Baillière, Tindall & Cox. Toronto: J. A. Carveth & Co. \$2.25.

This is the third edition of one of the most successful and valuable works on massage. The author's long, practical experience and her work as instructor of massage to the nursing staff of the London Hospital, are self-evident in this book, which is a handsome volume and a satisfactory text-book. Of course this art must be learned under an instructor—no book can teach it, but a book is a great help for progress and reference. It is surprising that massage is not taught in all training schools. It is needed. The chapter on massage for children is good, but all too short.

PREVENTION OF POVERTY.—Make up your mind that poverty shall not come your way. Do not spend less upon yourself—but be courageous enough to spend more.

Enjoy comfortable clothing, in which you look and feel at your best. Have cheerful surroundings and cultivate congenial companionships. Regulate the temperature of your room and the food for your body to your own liking. Spend a proportion of your income upon an increasing account in The Crown Bank of Canada.

When you really need money it is there—your own—and with it you can never be poor.

UTERINE DISORDERS.—Dr. James A. Black, of Morganza, Pa., says: Some time ago my attention was drawn to Ergoapiol (Smith) as a combination of value in the treatment of a great variety of uterine disorders. (1) It is prompt and certain in its action; (2) it is not nauseating and is not rejected by delicate stomachs; (3) it is absolutely innocuous; (4) it occasions no unpleasant after-effects; (5) it is convenient to dispense and administer.

SUMMER STUDIES.—Few fortunate nurses can forget their professional cares altogether at some breezy mountain or seashore resort; others, however, will utilize the summer months in broadening their knowledge by post-graduate studies. Every nurse should nowadays have a thorough knowledge of massage, gymnastics, electro- and hydro-therapy to broaden her sphere of usefulness and to increase her income. The Pennsylvania Orthopedic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, Pa., offers this summer two courses in these branches starting independently on May 15th and June 27th. Max J. Walter, Supt.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, JUNE, 1907.

No. 6

POST-GRADUATE WORK.

As has already been pointed out in this magazine one of the greatest problems in the history of nursing is the establishing of post-graduate courses in hospital training schools, which would be of inestimable value to the nursing profession in Canada.

On another page of this number a schedule of "Proposed Post-Graduate Work" will be found by Miss Ellis, Principal of the Training School of the Lakeside Hospital, Cleveland, Ohio, who is recognized as one of the most able teachers in the profession of nursing.

Already in some hospitals the training schools have been thrown open for the post-graduate work, but as yet no definite course has been mapped out. The schedule drawn by Miss Ellis seems to cover the ground and no doubt will attract the higher type of nurses. As yet it has not been thought necessary to give the theoretical teaching, but experience has taught us that as we have advanced in the work we are better able to glean from a course of theoretical instruction than when we were pupil nurses.

The advantages to the hospital will be marked. The bringing of the old and more experienced nurses into touch, and perhaps into sympathy, once more with the work of the hospital, and the extra teaching on the wards, cannot help but improve the ward methods.

Post-graduate work in our best operating rooms is very much needed throughout the country, where there are many beautiful operating rooms; but the same complimentary remark, alas! can not always be made with regard to the technique of the nurses. The medical profession to-day has the right to feel that it ought to be possible to operate with perfect safety in any hospital where there is a training school or wherever there is a graduate nurse employed.

From a woman's standpoint (and I would make this plea very strong) we must insist on special attention being given to the training of the nurse in obstetrical work and the care of the child in health and disease, and the bringing about a more natural condition of affairs. Every nurse should know, in

an emergency, how to conduct a case of normal labor with safety both to mother and child.

For graduates from smaller hospitals in good standing one year's course should be required. Such a course would make them eligible for all associations or registrations.

This post-graduate work need not necessarily be given in one hospital, but every branch should be made accessible somewhere.

The expense for such a course should be made as light as possible for some years. It will not do at present to charge a fee. In order to avoid expense the pupil should be allowed to wear either the uniform of the school or a white uniform. As it is difficult for the post-graduate pupil to take up the active work on the wards and become accustomed to the ward floor, it would be advisable to insist that she shall wear a suitable boot and rubber heels. Comfortable quarters should be provided by the hospital, and she should not be required to do any night duty.

The hours of duty might be arranged in the following way, to the advantage of the pupil and the hospital.

Hours of duty for five days of the week:

On duty 7 a.m. Off duty 12.30.

Lunch, rest and lecture. On duty 5.30 p.m.

Off duty 8.30 p.m., which would allow one half-hour for dinner and two and one-half hours practical duty, making a total of eight hours on the ward and ample time for rest and class work.

On Wednesday, on duty 7 a.m. until 3.30 p.m. Off duty rest of day.

Sundays, on duty 7 a.m. until 2.30 p.m. Off rest of day.

To have a graduate nurse on duty from 5.30 until 8.30 p.m. would be of great advantage to the wards. It would enable the night nurse to make her patients very much more comfortable and to carry out the night orders for the evening more carefully. Experience has taught me how extremely busy the wards are from 7 until 8.30, and many times it is quite impossible for the nurse to do what is really necessary for the comfort and welfare of the patients. For in our zeal for greater knowledge and more perfect technique we must not forget that after all our real work is the care of the sick patient in the bed.

For the nurse who does not wish to do the actual practical work arrangements should be made to attend the theoretical course, paying a fee and receiving nothing in the way of board, lodging, or laundry. There should be a definite date for entering the hospital, quarterly, so arrangements could be made some time in advance.

Never in the history of nursing has the graduate nurse been in such demand. For every branch of the work the demand is greater than the supply. The importance and the possibilities are increasing daily and she must be fitted for the work.

In looking over this schedule of post-graduate work it appears

complicated and would suggest much expense, but it can be worked out very simply in connection with the other work of the school, and the extra teaching can be done by the graduate head nurses, if the hospitals are willing to increase their salaries accordingly.

In our ranks we have many capable teachers if only the opportunity be given them. Our alumnae associations can advance the standing and best interests of nurses and also further the interests of their training schools by giving their hearty support and co-operation. Thus funds could not be put to a better use than in helping to instruct and educate in this way and thus place the profession of nursing on the highest plane attainable.

G. A. H.

A SUGGESTED SCHEDULE OF POST-GRADUATE WORK.

COURSE I.—The course of post-graduate work for the nursing of children to cover at least from four to six months. Eight hours day duty of practical work under the direction of a competent graduate nurse. The time should be equally divided between the medical, surgical and orthopedic departments.

A course of lectures on the following subjects by a physician: "The Diseases of Children," "The Orthopedic Treatment of Children's Diseases," "The Diet of the Young Child in Health and Disease."

Lecture on Nursing Ethics.

Clinical talks by a competent graduate nurse upon the best methods of nursing sick children, with frequent demonstrations, entering most carefully into the smallest detail of the work. The latest books on the nursing of children.

COURSE II.—The course of post-graduate work on obstetrical nursing, to cover eight weeks. Eight hours a day duty on the wards under the direction of a competent graduate head nurse.

Lectures on the Ethics of Nursing.—Course of lectures by a physician on obstetrics, including a lecture upon, "Bacteriology in Relation to Obstetrical Cases." Course of lectures by a physician upon, "The Condition and Care of the New-born Child." Clinical talks by a graduate head nurse upon obstetrical nursing of both the mother and the child, with demonstrations, giving attention to the actual teaching of the smallest details of the work.

COURSE III.—The course of post-graduate work in the surgical pavilion to cover eight weeks. Practical work eight hours daily, or longer if there are operations to be performed.

The pupil should take the place of the third operating room assistant, and should be carefully taught all the small details of

the operating room service by a competent graduate nurse in charge of the pavilion. These details to cover a general plan of the operating room technique: The preparation of dressings; sutures; iodoform gauze; care of the instruments; lay-out of the instruments; setting up of the operating room tables; sterilization; management of the sterilizers; care of the patients in the operating rooms; prevention of unnecessary exposure of the patient, etc., etc.

Lectures by a surgeon upon: The operating room technique; bacteriology relating to the operating room; instruments; sutures; needles; the operating room in general; scrub-up of patients; the various positions on the operating room tables; anesthesia; emergencies in the operating room; shock; collapse; drugs used in the dressing of wounds; bad effect of certain drugs; the prevention of surgical pneumonia; the technique of transfusion; operations in the private home, etc., etc.

COURSE IV.—The course on the nursing of medical cases to cover eight weeks. Eight hours of practical duty daily in the medical wards under the direction of a competent graduate head nurse.

Lecture on Nursing Ethics.

Clinical talks by a physician upon: The new things in the treatment of medical diseases; bacteriology in relation to medical diseases; the value of the examination of the blood; blood pressure; venesection; the use of oxygen; the fresh air treatment; diet in disease; copious water drinking in typhoid fever; examination of the urine, etc., etc.

Clinical talks, with demonstrations, by a competent graduate nurse upon: The best methods of nursing medical cases; the use of the various baths and packs; the skilful handling of the patients; ventilation, charting; the administration of oxygen; the technique of venesection; lumbar puncture; aspiration; disinfection; the giving of antitoxine; the best methods of giving food to the helpless sick.

COURSE V.—The course on the nursing of surgical cases to cover eight weeks. Eight hours practical day duty under the direction of a competent graduate head nurse.

Lecture on Nursing Ethics.

Clinical talks by a physician upon: Bacteriology in relation to surgical nursing; the new things in the treatment of medical cases; the dressing of wounds; the application of bandages and splints; the preparation of the patient for operation; diet in relation to major operative cases, etc.

Clinical talks by a competent graduate head nurse upon: The best methods of nursing surgical cases; the preparation of the dressing carriage; the giving of saline infusions; the preparation of solutions; the application of dressings; the skilful hand-

ling of the helpless sick; the prevention of bed sores; irrigation; the use of nutritive enemata, etc., etc.

COURSE VI.—The course of post-graduate work on mental nursing, to cover twelve weeks. Eight hours of practical day duty under the direction of a competent graduate head nurse.

Lecture on Nursing Ethics.

A course of lectures on mental diseases by a physician. Clinical talks by a graduate head nurse upon: The best methods of nursing mental cases; the feeding of mental cases; restraint; the value and methods of the bath treatment; fresh air; occupation; institutions for the treatment of mental cases, etc., etc.

COURSE VII.—The course of post-graduate executive work to cover twelve weeks. The time to be spent as third assistant to the principal of the school.

Theoretical Work.—The theoretical course of instruction for the school, including the preliminary course of lectures. Instruction to be given by the principal upon: The general plan and management of the school; simple methods of keeping training school books; the new methods in training school work; the details of the preliminary course of instruction; the new and the best books for the use of the training school; the relation of the executive training school officer to the trustees, the superintendent of the hospital, the hospital, the school, the medical profession, etc., etc.

ELIZABETH ELLIS.

The Lakeside Hospital, Cleveland.

HOSPITAL ETHICS AND DISCIPLINE.

There is another ethical point on which too stringent regulations cannot exist or too strict supervision be made—that is regarding the nurse's relations with men—the male patients, the orderly, the porter, the patient's friends, the physicians, the internes, and others. Because this is a delicate subject to approach it is simply ignored in some hospitals. While all are ready to admit the importance of the question, yet it is the one thing that is not discussed fairly and openly by some superintendents with their head nurses and pupils. From the very first day of a nurse's career in a hospital, she should be given to understand in unmistakable language, that the thing required is that every nurse shall conduct herself so that she will be above suspicion inside the hospital and outside. The whole world is not desperately wicked, but there is a considerable portion of it that is desperately weak. It is just as well for superintendents to accept that fact without question, for to launch a girl who has had little contact

with the world as it really is on a hospital career, without warning her of these temptations that will surely come to her—temptations of which she has never before dreamed—is a crime that in the light of experience is inexcusable. After a few years' experience with life as it is lived in a hospital nurses will be wiser about such things. In their early days they need to be guided by the wisdom of others, who have been over the road and know where they are likely to stumble or "make fools of themselves." We have depended on the nurse being so sensitive to social position as to make such guidance unnecessary, but experience has shown that a sense of superior social position is not always an obstacle to such entanglements in other walks of life.

It is one thing to theorize about ethics, and handle the whole question as an abstract problem, or as we might discuss astronomy or any other far away shadowy subject. It is another matter entirely to handle ethical questions fairly and squarely, as such questions relate to everyday life and conduct, and to the people we have to deal with inside the four walls of any given hospital. Gladstone's prescription for many evils is very necessary, "A little common sense." When, after plain warnings and admonitions, a nurse conducts herself in such a manner that she becomes subject for gossip or criticism because of indiscreet conduct where men are concerned, the sooner she is gotten rid of the better for everybody concerned. It is an injustice to self-respecting nurses, to the hospital, and to the profession to retain her and graduate her, however efficient she may be. What she is, is more important than what she can do.

The question of penalties for violations of rules is a big one, and one on which opinion is greatly divided. Taking away a nurse's cap is sometimes tried, but it does not seem wise to thus humiliate a nurse before the patient whose respect she must keep. The ranking system in some large hospitals, where no private patients are admitted, has been successful, but it could not be as successfully applied in smaller hospitals or hospitals with a large proportion of private patients. Each nurse is given her rank in the order of her arrival, such rank being observed in seating in the class room, dining room, assignment of work, etc. After the first examination the rank is according to results. Failure to come up to a certain standard of work is sufficient cause to place a nurse farther down the ranks, otherwise she is promoted as vacancies occur.

Depriving a nurse of her afternoon off for being late at breakfast, or late getting in, is advocated by some who have tried it. Sending a nurse off duty for lack of neatness, or for boisterous conduct, and causing her to lose a half day, impresses the lesson on her and on the whole class as hours of talking would not do. Failure to answer bells is one of the things that has to be constantly dealt with. For this offence suspension for a week has accomplished what seemed impossible without it. No one wants

to suspend nurses, but indifference to the calls of the patients is something that cannot be condoned. For omissions regarding orders, some superintendents have tried the plan of calling the nurse to the office, and requiring her to confess it to the physician. This has proven a more effectual way of dealing with it than letting him find it out himself, and perhaps pass it over without comment. It is all very well to theorize about "ruling by love," but in hospitals it has been found practically impossible to enforce regulations with some nurses until some penalty was attached. In debatable matters, it is a pretty good rule to remember that what we would not want forty nurses to do we have no right to allow one to do.

When it comes to methods of maintaining discipline a great diversity of opinion exists. It is undoubtedly true that methods that are highly successful in one hospital would utterly fail in another, or be impossible of adoption, because of the difference in the types of hospitals concerned. Also it is true that the same nurse might require different treatment at various stages in her career. Successful discipline requires that nurses be dealt with as individuals. The probationer who arrived two days after the appointed time, or who spent a day in sight-seeing with her friends before reporting at the hospital, thinking it made no difference whether she started her course to-day or to-morrow or the next day, should be seriously talked to on the subject. The opportunity of teaching the necessity of obedience and punctuality, of showing how her failure to report on schedule time might disarrange the working of the machinery in various parts of the hospital, should not be neglected; but if a nurse who had spent a year in the hospital came in two days late after vacation, she should be more severely dealt with. A good rule in some hospitals for this breach of trust is to require two days extension of the training period for each day taken without permission.

One of the hard lessons to teach is the necessity of nurses regularly and frequently reading orders so that nothing is overlooked. Another point difficult to impress is that no order is to be omitted simply because it may be difficult to carry it out, or that failure of one person to attend to her part of the work does not excuse another. So frequently a thoughtless nurse will make an attempt at carrying out an order, give it up without really accomplishing it, and say nothing about it. If a medicine ordered is not at hand, for instance, some nurses will feel at liberty to omit it, without reporting the occurrence at the time when it should have been attended to. Let this habit of omission become prevalent in a hospital, and how can a physician or a superintendent be sure that any order will be carried out? Inattention to orders in the army or in a railway system is the cause of numerous disasters. It is the same in the hospital. Such delinquencies should

never be lightly passed over. In some hospitals a great point is made of the violation of rules regarding the time a nurse must be in the house or have her light out, while these weightier matters that have to do directly with the sick are too often passed over as common or unimportant occurrences. In the study of literature and rhetoric we found the point of due proportion was one of the important things emphasized. To have a proper sense of due proportion in dealing with nurses' offences is equally important to good results.

The nurse who has been told never to apply a hot water bottle to a patient with the water hotter than 115 deg. F., and in direct violation of a known rule fills the bottle with water at a temperature of 150 or 200 deg. F., is a dangerous element in a hospital. If she burns a patient and the offence is lightly passed over, we may expect other nurses to become less careful. There are careless nurses; there are others whom we dare hardly with justice call "careless," but we must admit that in some things they are not sufficiently careful. The thing we want to do is to prevent the nurse who is "not sufficiently careful" from getting into the "careless" class.

CHARLOTTE A. AIKENS.

RESPONSIBILITIES OF HOSPITAL SUPERINTENDENTS.*

(Continued from May issue.)

The firm determination on the part of a hospital superintendent that everything possible shall be done for the patients will infuse much of the same spirit into all those who are employed in any capacity. Discipline is absolutely necessary, but, with a strict adherence to all the principles supporting good management, a willingness to allow every privilege consistent with proper conduct will always be appreciated. Just administration is generally found to faithfully exemplify "the art of being kind." As Canadians we are blessed with an innate love of fair play, and every one conversant with institutional life can recall instances in which the practical application of the Golden Rule has afforded a solution for many a difficulty. The supremacy of a hospital superintendent should be held by kindly influence rather than by interference. All the various departments must, if possible, be harmoniously related and be in perfect sympathy with and loyal to the head. There can be only one head to an institution. The value of ladies' auxiliary boards cannot be too highly estimated. Ontario hospitals owe a debt of gratitude for

*An address at the Canadian Hospital Association.

self-sacrificing devotion and zeal to such local boards, but none of the members of these should presume to dictate regarding the internal management of an institution. There is nothing to be feared from such a source if the superintendent takes and maintains a firm but dignified stand in regard to her or his responsibilities. On the other hand, a superintendent makes a mistake if the assistants in the hospital are not encouraged to go ahead and develop the different departments over which they are placed. An American hospital superintendent, whose rank is second to none, said to me not long ago, "I hope the day will never come when I shall be unwilling to learn some improved method of doing things from the employee in the most humble position in this institution." Such a remark coming from such a source left an impression on me. Our hospitals are for the care of the sick, and the well-being of the patients must be the first consideration with every one. There is sometimes a danger that the details and necessary formalities of administration may absorb so much attention that the real object for which the institution exists may be occasionally lost sight of. Simplicity may readily be made the helpmate of accuracy in hospital management. Complexity in detail can be avoided and at the same time have such a perfect system of management that the life of the superintendent may be kept contented and serene.

A hospital superintendent must always bear an important relation to the general public. The patients' friends require no little attention. I know a hospital, more than a thousand miles from here, where excellent medical and surgical work was done, and where the patients were kindly and carefully looked after, but, on account of the superintendent being boorish in manner, a totally wrong impression was given to the public, and, in consequence, the financial results at the end of each year were not what they should have been. The visitors at a hospital are so often unreasonably exacting and difficult to control that great overdrafts are often made on the patient forbearance of the superintendent, who is called upon to answer their inquiries. Three hours one day in the week should be a sufficient allowance for regular visiting days, but, of course, when a patient is very ill, it should be possible by consent of the superintendent for a patient's friends to be admitted more often.

The design of every hospital architect now is to provide a building that can be readily kept clean. The constant desire of every hospital superintendent is for immaculate cleanliness, and, to maintain that condition with too often an indifferent corps of workers, is a perplexing problem. The extent to which the responsibility for hospital housekeeping depends upon the nurses in training is a question more difficult than I would attempt to solve. While it is necessary to instil into every probationary nurse that one of the foundation stones for success consists in

having a patient's surroundings clean and neat, and that it is not a menial task to keep them so, care must be taken to spare, as far as possible, and protect from physical drudgery those who have enlisted for a life work in a calling which demands mental application as much as it does muscular activity. To meet the criticism one hears in these days of the overtrained nurse is an addition to every superintendent's endless duties.

Such an association as you are forming to-day might devise a uniform method of keeping hospital accounts. Some schedule might be prepared and carefully discussed that would lead to the adoption of a method of keeping accounts that might be made common to all institutions. A uniform hospital register is a long-felt want in the hospitals of Ontario. It should not be a difficult task for such an association as this to suggest the adoption of a form of register that would prove, not only labor-saving, but one which would provide all information that should be recorded concerning patients admitted. With a uniform system of accounting and recording, the necessary book-keeping in connection with a hospital would cease to be a labor and the compilation of returns would become an easy task. The question of finances is one which nearly every hospital superintendent must ever have in view. By adopting a simple system of accounting it may be known from week to week what expenditures are being made for every item and the cost per patient for each article enumerated in the maintenance account. Every careful superintendent should clearly understand the resources of the institution, and, knowing what the possibilities for increase or decrease are, use discretion in directing and controlling expenditure. Prudent, judicious economy must, however, be distinguished from the parsimonious spirit.

A wise superintendent will never lose sight of the fact that the mission of the hospital is not confined to allay suffering and relieve the physical distress of those cared for within its walls. The hospital should ever spread a gospel of health and right living throughout the community where it exists. Not only should the institution be a model of sanitary housekeeping, but the doctrine it inculcates should do much to demonstrate the best and truest hygienic truths. The beams of light from a hospital should shine forth and enter every home within the radius of its influence, so that the superstitious and baneful influences that shadow many lives may disappear as mist before the morning sun. The hospital in its great mission of teaching people how to live, in order that they may keep healthy, has a field of ever enlarging usefulness. The establishment of local sanatoria for consumptives in Germany has done more to educate the people in regard to the nature and prevention of tuberculosis than any other agency. Where prejudice once existed in regard to the establishment of these local sanatoria, through a miscon-

ception of the nature of the disease, it is now found that in the immediate vicinity of these institutions the disease has become practically unknown. These good results are entirely attributed to the fact that the people were taught how to live. Every hospital has its sphere of usefulness, then, in becoming an educational institution, not necessarily where its wards are visited by students, but through the potent influence which a wise superintendent may exert in aiming to make all the departments of the hospital helpful to all who come in contact therewith. I do not know of any calling in life that requires greater versatility in talent and larger resources than are looked for in a hospital superintendent. Patience with them must never cease to be a virtue. Their mission in life unfolds for them new fields of usefulness from day to day. As heads of institutions devoted to the care and relief of suffering humanity they must rule and guide with the spirit of Him who left for us the first example of the hospital spirit. Whether at the head of a hospital large or small, your mission is to shed forth a radiance from the torch which privilege has placed in your hand. May this organization of the hospital superintendents of Ontario inspire new zeal and earnestness and be helpful to each one personally and to the institutions in this Province for whose welfare you have rendered such valuable and faithful service.

R. W. BRUCE-SMITH.

THE RELATION OF THE WORK OF HOSPITALS FOR THE INSANE TO THAT OF GENERAL HOSPITALS.

(Continued from May issue.)

The question of dietary forms one of the most important problems of hospital administration. A step in advance has been made at Rockwood Hospital during the past year by the installation of a steam carving table, with covered hot water dishes. Experienced carvers take charge of the work, and the meat is sent to the dining tables in covered hot water dishes, and the meal is thus served warm and palatable. The economic and dietetic value of the departure is beyond question. The general hospital of to-day owes its capacity for good to the loyalty and devotion of those who, within its halls, were inspired with love for the noblest of human callings. The hospitals for the insane should be opened wide for the student, that more general knowledge of the etiology, pathology and treatment of mental disease should be the property of every graduate in medicine. Rockwood Hospital has opened its wards for clinical purposes, and a thorough course of lectures on mental diseases is given annually by the staff to the university students. Not only are diagnosis, prog-

nosis and treatment of the various psychoses carefully elucidated, but the physical incidents leading thereto are fully demonstrated in the medical and surgical clinics in the wards and in the hospital amphitheatre. That such a course has been received with lively appreciation, I know; that it will be productive of good to the community, I feel assured.

I now come to the second portion of my task. How shall we classify our patients to bring about the best results? There is a growing demand for earlier and more effective treatment of the various forms of psychosis. For this reason it is urged that psychopathic wards should be maintained in connection with our general hospitals. For my part I have no hesitation in urging that we should make hospitals of our asylums, instead of making asylums of our hospitals.

While it may be true, as Diller remarks, that insanity is but one group of many observable phenomena of physical disease, and it is never the sole expression of disease, that physical signs and symptoms always accompany it, yet, with properly equipped hospitals for the insane, and with the true spirit of investigation dominating those in charge, surely these phenomena can be best studied and treated by physicians who give their time and thought to this special work. The alcoholic, the neurasthenic, the hysterical, the so-called border-land patient, has had his day in the general hospital. His disease, his condition, his phenomena have not been appreciated, and therefore his treatment has been a profound failure. Sooner or later he finds his way to the hospital for the insane. Any one who has had any experience in the management of our general hospitals knows full well the utter inutility of attempting to treat therein cases of acute insanity. The nurses are entirely inexperienced in this class of work. Accommodation for the reception of these patients is wanting. There is no means of isolating them from the patients the general hospital is designed to treat. The time and care each individual case demands cannot possibly be given, in the present state of our general hospitals, without immense additional expense. Far better were it for both the patients and the hospitals that each class of hospital should broaden and develop its own particular sphere of usefulness.

I am fully aware of the public mind with regard to the hospitals for the insane, but time and education have overcome difficulties more serious than this, and if it be that the great good these hospitals may accomplish is in any way hampered by the term now applied to them, by all means let the name of "Asylum" and "Hospital for the Insane" disappear, and that of "Psychopathic Hospital" be used instead. Neither superstition, nor ignorance, nor prejudice should stand in the way of any great advancement.

EDWARD RYAN.

Rockwood Hospital, Kingston.

ADVANCES IN MEDICINE.*

(Continued from May issue.)

The treatment of epilepsy has been most unsatisfactory in its results. The formation of epileptic colonies seems to afford one solution of the problem, giving these sufferers the opportunity of constant medical supervision, preventing intermarriage and the multiplication of this class of degenerates, and affording the means of teaching them trades and other ways of earning a livelihood and thus making them useful members of society.

Even in ancient times sun-baths were used in the treatment of certain diseases, but the fact that the skin and soft parts are more or less permeable to rays of ordinary light has not until recently been conclusively demonstrated. The experiments carried on by Widmark, of Stockholm, and by Finsen, have led to the successful treatment of certain skin diseases by the sun's rays. It was in 1893 that Finsen began the treatment of smallpox by excluding from the sick-room all but the red rays, which are not as harmful as the violet rays. Similar methods are now adopted for the other infectious exanthemata.

Allied to this form of therapy is that which has arisen out of the discovery, in 1895, by Wilhelm Roentgen of the kind of radiant energy known as the Roentgen or X-rays. When living tissue is exposed for a sufficient length of time to these rays, peculiar changes are brought about in the cells, expressed first by increased cellular activity and afterwards by cell-death. Thus far this treatment has been chiefly successful in diseases of the skin, the mucous membrane and the tissues lying directly beneath them, as lupus, eczema, syccosis, favus, epithelioma, rodent ulcer, and certain forms of carcinoma.

But it is rather in the domain of diagnosis that the Roentgen rays claim their greatest achievements. In the diagnosis of obscure fractures (remembering that radiographs are shadow pictures, not actual pictures of the objects themselves), and the locating of foreign bodies in the tissues, such as gall-stones and renal calculi, much valuable assistance is rendered, both to physician and surgeon. But further than this, with improved technique much help may now be obtained in determining certain diseases of the thorax. Tuberculous changes may be seen as early as they can be noted by physical signs, while the location and extent of the disease can also be definitely shown. Similar help may be derived from the examination of pleurisy, pneumonia, new growths and thoracic aneurysm. In diseases of the digestive tract, also, while the X-rays are not as likely to be as useful for diagnostic purposes as in affections of the heart or lungs, yet

* An address to the Graduate Nurses' Association of Ontario.

some good results have already been accomplished. Cohn reports many cases of esophageal disease beautifully demonstrated. In esophageal stricture, the patient eats thick rice porridge mixed with bismuth subnitrate. The esophagus above the stricture can be seen, when examined radioscopically, to fill slowly with opaque masses, while below the stricture, if it be not impermeable, a thin band of food can be seen slowly descending to the stomach. Similarly, diverticula, dilatations, paralysis of the esophagus, tumors of the stomach and cancer may be shown by the fluoroscope.

A method of diagnosis, very useful to the surgeon, is the leucocyte count, by which he is enabled to recognize the existence of suppuration or gangrene. The white corpuscles in the blood are examined and counted. If the polymorphonuclear neutrophil cells are out of all proportion to the total number of white cells, it is a positive indication of suppuration.

We were formerly taught to look upon the presence of albumen and casts in the urine as a contra-indication to anesthesia and operation. But operations on the kidney for decapsulation have shown the incorrectness of this opinion. Dwight believes that albumin in minute quantities is a normal constituent of the urine. Cabot maintains that albumin and casts alone never demonstrate the existence of a nephritis. The physical characteristics of the urine, the presence or absence of uremia, dropsy or cardiac involvement, together with the general course of the disease, give much more valuable information.

In the diagnosis of typhoid fever, we can get earlier and surer help from the cultivation of typhoid bacilli from the patient's blood than from the Widal test. The difficulty and complexity of the procedure have hitherto stood in the way of its general use. Conradi has made known a simplified method which makes it easier for the general practitioner. His culture medium consists of an ox-gall, to which ten per cent. peptone and ten per cent. glycerine have been added. It is thus possible to prove the presence of typhoid bacilli in the blood long before the Widal test becomes positive.

(To be continued.)

“When through the gates of stress and strain
Comes forth the vast event,
The simple, sheer, sufficing, sane
Result of labor spent.
They that have wrought the end well thought
Be neither saint nor sage,
But men who merely did the work
For which they drew the wage.”

—Kipling.



**NURSES BELONGING TO THE VICTORIAN ORDER OF
NURSES, DECEMBER 31, 1906.**

Chief Lady Superintendent.—Miss Margaret Allen.

District Lady Superintendents.—Miss Charlotte Eastwood, Toronto; Miss Agnes Lynch, Montreal; Miss Edith Hardy, Ottawa.

Superintendents of Hospitals.—Miss Alice K. Franklin, Rock Bay, B.C.; Miss Violet Nesbitt, Revelstoke, B.C.; Miss Hattie McLean, Arrowhead, B.C.; Miss Alice Alexander, Kaslo, B.C.; Miss Elizabeth Chalmers, Regina, Sask.; Miss Rebecca McDonald, Indian Head, Sask.; Miss Augusta Blakely, Yorkton, Sask.; Miss Mary Hammond, Shoal Lake, Man.; Mrs. Mounsey, Swan River, Man.; Miss Jessie McDuffie, Thessalon, Ont.; Miss Alice F. Hunt, Copper Cliff, Ont.; Miss Margaret Park, North Bay, Ont.; Miss Gertrude Shields, Almonte, Ont.; Miss Beatrice Pearce, Pictou, N.S.; Miss Edith Mayou, Harrington Cove, Labrador.

Nurses.—Miss Lora Cruikshank, Vancouver, B.C.; Miss Edith Burpee, Vancouver, B.C.; Miss Irene Norcross, Rock Bay, B.C.; Miss Anna B. White, Revelstoke, B.C.; Miss Mary Evans, Revelstoke, B.C.; Miss M. Sharpe, Revelstoke, B.C.; Miss G. McFarlane, Revelstoke, B.C.; Miss Marie G. Travers, Regina, Sask.; Miss E. S. Walker, Indian Head, Sask.; Miss Minnie Hance, Indian Head, Sask.; Miss Edith Rayside, Indian Head, Sask.; Miss M. Grant, Yorkton, Sask.; Miss G. Heales, Yorkton, Sask.; Miss Maud Moulton, Shoal Lake, Man.; Miss M. Fyfe, Swan River, Man.; Miss Isabel McCulloch, Winnipeg, Man.; Miss I. Walls, Fort William, Ont.; Miss C. Dawkins, Thessalon, Ont.; Miss L. Pepper, Copper Cliff, Ont.; Miss E. Bond, Copper Cliff, Ont.; Miss M. Keith, North Bay, Ont.; Miss A. Dodds,

North Bay, Ont.; Miss E. J. Shanks, North Bay, Ont.; Miss E. Hagan, North Bay, Ont.; Miss M. Aldrich, Gravenhurst, Ont.; Miss M. Evans, Toronto, Ont.; Miss M. Barry, Toronto, Ont.; Miss M. E. Hanna, Hamilton, Ont.; Miss C. O'Connor, Hamilton, Ont.; Miss E. Offord, Kingston, Ont.; Miss S. McLean, London, Ont.; Miss J. Douglas, Almonte, Ont.; Miss B. Middlemas, Montreal, Que.; Miss H. Macdonnell, Montreal, Que.; Miss E. Robinson, Montreal, Que.; Miss E. Brodie, Montreal, Que.; Mrs. Fleming, Montreal, Que.; Miss E. Pomeroy, Montreal, Que.; Miss E. Diplock, Montreal, Que.; Miss K. Gilmour, Montreal, Que.; Miss Davison, Montreal, Que.; Miss J. Adams, Montreal, Que.; Miss F. Andrews, Montreal, Que.; Miss I. Bates, Montreal, Que.; Miss T. McDougal, Montreal, Que.; Miss E. Bates, Montreal, Que.; Miss E. Maxwell, St. John, N.B.; Miss M. Muir, St. John, N.B.; Miss M. Stickles, Yarmouth, N.S.; Miss Mellefont, Halifax, N.S.; Miss H. Dodd, Halifax, N.S.; Miss Morrison, Truro, N.S.; Miss G. Sothern, Canso, N.S.; Miss Duncan, Sydney, N.S.

Reserve List.—Miss E. M. E. Smith, Miss A. Hurcomb, Miss J. A. Dunn, Miss Oswald, Miss Moore, Miss Ford, Miss E. M. Robertson, Miss R. Lee, Miss Martin, Miss C. Campbell, Miss Watchorn.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

THE people of Fort William expect that within a year the addition to the McKellar Memorial Hospital will be completed, and that they will have room enough then to accommodate the sick of the city. This will be greatly appreciated by the physicians and nurses, who have had very trying experiences during the past year.

MISS ANNIE BROWN, of the Dauphin General Hospital Nursing staff, completed her course of training on February 17th, and on the evening of the 18th was presented with her diploma and medal. Miss Brown is to be congratulated upon the excellent standing she took in her final examinations.

ON Tuesday, February 5th, the nurses of Mrs. Meachem's Home, Collingwood, gave a tea to all the graduates and honorary members of the Alumnae Association. Mrs. Meachem received, assisted by Miss Robinson, Miss Lord, Miss Cottrill and Miss Gerald Morton. A most enjoyable time was spent, and the hour of departure came all too soon.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

The monthly afternoon meetings—alternately devotional and social—which have been started by the Montreal Branch this year, especially for those nurses who are unable to attend meetings in the evenings, have proved successful, and been well attended. The last of these was a "tea" given at the Nurses' Club by the Misses Shaw and Tedford, on Tuesday, April 9. The hostesses received their guests in the club room, which is very bright and cheerful; the tea table was prettily decorated, and the gathering was much enjoyed by all present. Great interest was taken in a table, on which were arranged a number of rolls of bandages, nightingales, binders, and other articles used in nursing. These things were the work of members of the Guild, and the outcome of a suggestion, made some months ago, that the city members should do a little work for others during Lent. The idea was taken up warmly, and the result was a surprise to everyone. At the close of the meeting the articles in question were packed up and taken next morning to Miss Lynch for the use of the nurses of the Victorian Order in their work amongst the poor. Before the party broke up the Superior read letters in regard to the General Secretary's approaching visit to Canada, when it is hoped that she may have an opportunity of meeting most of the members, and also any other nurses who may be interested in the Guild.

259 Peel Street, Montreal.

M. E. WAND.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

A garden is a lovesome thing, God wot!

Rose plot,
Fringed pool,
Ferned grot;
The veriest school

Of peace; and yet the fool
Contentends that God is not.
Not God! in gardens! when the eve is cool?
Nay, but I have a sign:
'Tis very sure God walks in mine.

—T. E. Brown.

In banquets remember that you entertain two guests, body and soul.—*Epictetus*.

What is the good of our growing older if we don't lend a hand to those younger than ourselves?—*Graham Travers*.

It is not the great evil we are always dreading that matters most—though that, God knows, is bad enough!—but the way in which we face that evil.”—*Graham Travers*.

Now as they came up to these places, behold the Gardener stood in the way: to whom the Pilgrims said, Whose goodly vineyards and gardens are these?

He answered, They are the King's, and are planted here for his own delights and for the solace of pilgrims.

—*John Bunyan*.

The Pilgrim's Progress.

The Canadian Nurse

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TORONTO, JUNE, 1907.

No. 6

Editorial.

PRESIDENT FALCONER.

The welcome announcement has just been made that the important position of President of the University of Toronto is no longer vacant. Further, those who are well qualified to judge assure us that the choice of the Governors is a good one. The hour has come to enter on a new era of University life, and it is the hope of all lovers of true progress, of sound scholarship, of wide sympathies, and of noble ideals of education that the man for the hour has come, too. As individuals, and as Canadians, our readers are deeply interested in this event. As members of a profession, we may find ourselves, ere long, still more directly interested, for it may be possible that those of us who are working for professional and legal status in the Province of Ontario may find a helper in the chief executive officer of the Provincial University. Be that as it may, we join in the cordial welcome to the new President, and wish him great and true success.

McGILL UNIVERSITY.

Two disastrous fires, the origin of which is rather mysterious, have unfortunately occurred recently at McGill University in Montreal. The first ruined the Science Building, and the second almost destroyed the Pathological Museum, where priceless specimens—collected during seventy years—the work of Dr. Osler and many others, were preserved, and used daily in the instruction of students. The efforts of Dr. Maude Abbott, the Curator, and others have saved from destruction about a thousand valuable specimens. Our readers will have heard of the almost overwhelming losses of the museum with great regret, not only on account of the irreparable character of the loss, but also on account of their interest in the work of Dr. Abbott, whose achievements in her chosen field of work have been so brilliant, and who is regarded, not only in Montreal, but everywhere in Canada as

one of the best and kindest friends of the nursing profession. We are delighted to hear of an effort to re-stock the museum in which the International Pathological Museums Association is to unite, and sincerely hope that McGill Pathological Museum may yet have its losses more than made up.

DR. W. H. DRUMMOND.

The French-Canadian habitant has lost his interpreter, and Canada has lost one of her sweetest poets, one of her noblest and dearest sons. The medical profession has lost a good and kind physician, a favorite with everyone. Not only so, but wherever English books are read the name of Drummond is known and loved. The humor, the human sympathy, the pathos and beauty of his poems prove that they come from the heart, and to the heart of the reader they invariably find their way. Irish by birth and descent, he had a marvellous knowledge and sympathy with the French-Canadian. His grand physique, his fine voice and kind countenance would have made him remarked in any company, and his literary work will make his name immortal. Dr. Drummond was educated at Bishop's College, in Lennoxville, where he graduated in medicine in 1884. He practised as a physician in Montreal for over twenty years. On April 2, at Cobalt, he was seized with an attack of apoplexy, and never regained consciousness, dying on April 6. The wife and family of Dr. Drummond, in this, the greatest of all bereavements, will be surrounded with the sympathy of the entire community.

THE MISSION OF THE MODERN NURSE.

Dr. Andre Mesureur, Chief of the Cabinet of the Director of the Administration of the Assistance Publique of Paris, recently gave a magnificent address on the mission of the modern nurse. He spoke of the change modern ideas had made in enlarging this mission, and then of "two old principles that have not lost their value." These were "The personal qualities of the nurse, her character and her manner," and "The necessity of a general professional education, founded on an assiduous practical training."

M. le Docteur Mesureur then referred to the humanity of the good nurse.

"Humanity! This word perhaps too wide and too indefinite, does not imply excessive sentimentality and noisy manifestations. Humanity in a hospital is accomplished by a gesture, a

look which would be imperceptible to the stranger, but which transmits itself to the sufferers and soothes their pain. This humanity manifests itself continuously and evenly owing to the manner of life of the nurse, which soon becomes second nature to her. The good nurse is quickly known by an equable temper, easy and sympathetic manners; she accomplishes her duties without any trouble and with satisfaction and pleasure. There is a manner of walking through the ward which denotes the profound pity she feels for the patients. When she brings their meals she sees that everything is in its place, that the patient is in a comfortable position to take his food, and without any noise she arranges and readjusts his pillow and places his mug of milk within his reach. In the same thoughtful manner she will tidy up the bed of this one who has got uncovered and pick up the fallen handkerchief of the other. When the doctor speaks to her and asks her questions she avoids leaning on the bed and is never seen touching the bedclothes without cause.

"On visiting days—those unavoidable and trying days—she greets the relatives, remembering that in her they see salvation for their dear one. She understands what hopes are founded on her, what joy she can put in the heart of the sufferer, and those from whom he is separated, by a few genial words and a kindly manner, which denote her mission in life.

"The good nurse knows well what an hour of anxiety and agony it is for the new patient who arrives in hospital. Sometimes, indeed, he is an 'old hospital bird,' an old *habitué*, inclined to look upon himself as quite at home in the house of the sick; but much more frequently the patient is a being depressed by misery, and by physical and moral sufferings, who has been brought to this establishment, whose reputation is unknown to him.

"The populace is prompt in adding faith to legends. It believes easily that the sick are ill-treated. Lately, one of the important morning papers contained, I cannot tell you what a horrible picture of our hospitals. All things combine to frighten a new arrival; the noise of the wards, the overalls of the students, the long row of beds, the smell of carbolic or ether. It is this wounded one, a prey to sufferings, who is put in the care of the nurse. At this difficult moment, a kind word, a friendly greeting, will give the unfortunate one infinite consolation. He has just been separated from his own, who were unable to nurse him; he ought to feel that in hospital, though he cannot expect the same affection, he will be equally kindly treated. When everything frightens and oppresses him, he will grip willingly, if she puts it out, the friendly hand of the nurse.

"Let us then understand the true meaning of this humanity which ought to reign in a hospital. No sacrifice of oneself, no renouncing the world; you can be an excellent nurse without

daily facing death—modern science gives us the means of mitigating and of avoiding contagion. It is a duty not to neglect them. It is not a question of a rare and an exceptional act, but what is infinitely harder is to accomplish every day, and to begin again the next day a varied task, often revolting, and to do it without hesitation, with that quiet equable will of the one who knows her duty, who has freely chosen her mission in life, and seeks in her work for others the opportunity of demonstrating its nobility.

"The profession of a nurse is not a mere trade, it is something loftier. In hospitals you are dealing with human lives—this is what marks and distinguishes it from trades."

"If every nurse wastes only a pennyworth daily, at the end of the year there is a loss of £9,200."

Our readers will be deeply interested in the words of their French fellow-worker. We hope some who read these words will meet him this summer. Our own recent articles by Miss Aikens and Miss Wilson (W. G. H.) express admirably the same truths.

Before adding the concluding words of the address we must thank our contemporary, the *British Journal of Nursing*, for placing it within our reach.

And he concludes, "There are many who will listen to the high conception of a nurse we put before them. They must consider this high ideal and they must have confidence. Some will attain it, provided they grasp the responsibilities of their work and of all the width, breadth, and delicacy of the profession of a nurse."—*Translated by E. R. W.*

THE INTERNATIONAL NURSING CONFERENCE, PARIS.

(Continued from May issue.)

THURSDAY, JUNE 20TH.—MORNING SESSION, 9.30 TO 1 O'CLOCK.

President of Session—Miss Isla Stewart, Matron and Superintendent of Nursing, St. Bartholomew's Hospital, London.

Professional Organization.

"The Organization of the Nursing Profession: By its Members. By the State," Mrs. Bedford Fenwick.

"Report on Organization and Laws in the United States," Miss Sarah E. Sly, Inter-State Secretary, President, Michigan State Nurses' Association.

"The Nurses' Registration Act in Germany," Fraulein Charlotte von Caemmerer, Berlin.

Discussion.

The History of the Professional Nursing Press.

"The British Journal of Nursing and the British Nursing Press," Miss M. Burr, Collaborator.

"The American Journal of Nursing, and the American Nursing Press," Miss M. E. P. Davis, Boston, U.S.A.

"Unterm Lazaruskreuz," Fraulein Karll, Editor.

"Bulletin Professionnel des Infirmières et Gardes Malades," Mme. Gillot, Founder.

"La Garde Malade Hospitalière," Dr. Anna Hamilton.

"The Canadian Nurse," Miss Crosby, Toronto, Canada.

International Reciprocity.

"International Reciprocity in Nurse Training and Work," Miss Van Vollenhoven, Holland.

Discussion. Opened by Miss C. Elston, Directrice, Civil Hospital and Training School for Nurses, Tondou, Bordeaux.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES.

The 13th annual meeting was held at the Rittenhouse, Philadelphia, May 8-10, and was a great success, characterized by perfect arrangements and the kindest hospitality. The Society held morning and evening sessions, leaving the afternoon free for enjoyment. The impressive invocation was pronounced by the Rt. Rev. Mgr. Turner, V.G. Two graceful and charming as well as memorable addresses were given at the first session, one by the President, Miss Banfield, and the other by Mrs. Cornelius Stevenson. Miss Alline's address in the evening on "Demand and Supply of Pupil-Nurses," was listened to with great interest, and also Miss Davis' paper on "What We Are Overlooking in the Training of the Modern Nurse." Another important paper was by Miss McMillan, of the Presbyterian Hospital, Chicago.

A great deal of business was despatched on the two following days, and these topics discussed: The Paris Conference, the Establishment of Chairs of Hospital Economics, the Care of the Sick of Moderate Means.

The visits to the Jefferson and the University of Pennsylvania Hospitals were much enjoyed, and so were two delightful excursions, one by automobile to Valley Forge, and the other by steamer to Cramp's shipyards.

Among the Canadians present were Miss Molony, Jeffrey Hale Hospital, Quebec; Miss Tedford, Montreal General; Miss Gallagher, Ottawa; Miss Stanley, London; Miss Scott, Kingston, and Miss Snively, Miss Brent and Miss Potts, of Toronto.

The next meeting will be held in Cincinnati, the new President being Mrs. Greenwood, of the Jewish Hospital. Miss Banfield, of Philadelphia, and Miss Henderson, Royal Victoria Hospital, Montreal, are Vice-Presidents, and Miss Nevins, of Washington, Secretary.

Editorial Notes.

CANADA.

Miss Crawford in London.—A recent issue of the *British Journal of Nursing* contains an interesting interview with our own Miss Crawford, during her visit to England.

ENGLAND.

The House of Commons.—Mr. Munro-Ferguson, M.P., with the support of Sir John Dickson-Poynder and others, has introduced into the House of Commons a new Bill of twenty-six clauses, "To regulate the qualifications of trained nurses, and to provide for their registration." Mr. Claude Hay, M.P., has also given notice that he intends to introduce a Bill to provide for the voluntary registration of nursing homes, and for the better training and registration of nurses.

GREAT BRITAIN.

The Workmen's Compensation Act.—This new act, which comes into force on July 1, 1907, will affect nurses and hospital officials as employers and employees. The Act does not include anyone employed otherwise than by way of manual labor whose remuneration exceeds £250 a year, or a person casually employed, or a police officer, or an outworker, or a member of the family of an employer living in his house. It is thought that the Act will protect nurses and render their future more secure.

The Guild of Service.—A new Guild to remove the evils of isolation and provide a rule of life for Churchmen and Churchwomen in connection with Poor Law and kindred institutions, has just been formed, with a prospect of great usefulness.

The Catholic Nurses Association.—This important Association is now ten years old, and has over one hundred members. Arrangements have been made for the meetings to be held in London, so that nurses who could not go as far as Harrow may attend.

SCOTLAND.

Important Memorandum.—The Scottish Local Government Board has issued an important Memorandum providing for the better education and general efficiency of nurses in training in hospitals and infirmaries under the Poor Laws.

Edinburgh Royal Infirmary.—One of the most important appointments in the nursing world, that of Lady Superintendent of Nurses at the Royal Infirmary of Edinburgh (forever famous by association with the names of Simpson and Lister), vacated by the resignation of Miss Spencer, has just been filled by the

appointment of Miss Annie Warren Gill. Miss Gill is a graduate of the Infirmary, where she has been in succession Head Nurse, Night Superintendent and Assistant Superintendent. When the Edinburgh and East of Scotland Hospital went out to the field in the Boer War, Miss Gill accompanied it as Matron. Afterwards she was sent out as Matron to the Concentration Camps in Orange River Colony and for her services in South Africa received the Royal Red Cross from the King. Since 1903 she has been Matron of the Royal Berkshire. There were eighteen applications for the appointment, one from America, three from Scotland and fourteen from England.

Recollections of Toronto.—Sir Hector Cameron, at Glasgow, at a meeting convened to provide for the rebuilding of the Children's Hospital there, gave an interesting description of the Sick Children's Hospital at Toronto, and its Island Home, which he saw last summer.

IRELAND.

Annual Meeting, I. N. A.—The Irish Nurses Association recently held a most successful annual general meeting at Dublin. This is the third annual meeting of the association. Mrs. Kildare Treacy, Lady Superintendent of the City of Dublin Nursing Institution, Upper Baginbun Street, was elected President, and Miss Cherry, Secretary. The President invited the members to attend the Paris Nursing Conference in June. Among others who were present and spoke was Lady Hermione Blackwood.

GERMANY.

German Midwives.—At the Fourth General Meeting of German midwives, held recently in Berlin, a petition was framed and a resolution passed that the petition should be presented to the Government. The more important proposals thus brought to the attention of the Government are: 1. The necessity of the careful selection of candidates for midwives' certificates and for their receiving at least one year's training. 2. The advisability of holding supplementary (post-graduate) courses of instruction for midwives every five years, the cost of which should be defrayed by municipal funds. 3. The securing of an adequate income for the midwife, at least £57 per year.

INDIA.

The Lady Curzon Training School.—The Lady Curzon Training School for Dais (midwives) and Nurses has recently been opened in Patiala. It was built at a cost of 24,000 rupees, and will be a great boon to the State of Patiala, as it will be available for training nurses and midwives at once. Lala Bhagwan Das, member of the Council of Regency, has done very much to found and further this project.

UNITED STATES

The United States.—The two great events of the month in the nursing world are the Superintendents' meeting at Philadelphia, and the Associated Alumnae meeting at Richmond, Va. The latter is being held as we go to press, and Southern hospitality, combined with a splendid programme, will make it a sure success.

Obituary.

WE announce with great regret the death of Miss Eleanor Emerson, which occurred at Fernie, B.C., April 16. Miss Emerson was a graduate of the Vancouver General Hospital Class '05. At the time of her death she was matron of Dr. Higgins' Hospital. Death was due to peritonitis.

IT is with deepest regret that we announce the death of one of our most prominent and highly esteemed Nova Scotian nurses, Miss Maude G. Wirrell, which took place at Lunenburg, N.S., where she was on a private case. Miss Wirrell was a graduate of the V. G. H., Halifax, Class 1897, where she remained as a head nurse, and subsequently as night supervisor, which position she resigned to take up private work in the spring of 1905.

A very sad and unexpected death occurred in the Isolation Wards of the Guelph General Hospital, April 16, when one of the nurses in training, Miss Margaret Nesbit, passed away, aged 23 years, after a few days illness of scarlet fever and other complications. Miss Nesbit was the only daughter of Mr. and Mrs. John Nesbit, of West Garafraxa, about four miles from Fergus, and a niece of Dr. Groves, of Fergus. Much sympathy is felt for the bereaved family. Miss Nesbit came to the hospital last October, and was much beloved by her associates, and all connected with the hospital for her exceptionally fine qualities. Hers is the second death which has occurred among the nursing staff in the history of the institution. In 1890, Miss Fuller, of Meaford, died of pneumonia, a week before her graduation. Rev. Mr. Buckland, of St. James' Church, conducted the funeral service in the hospital for the bereaved family and friends of the deceased. The interment took place at Fergus.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from .

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnæ Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

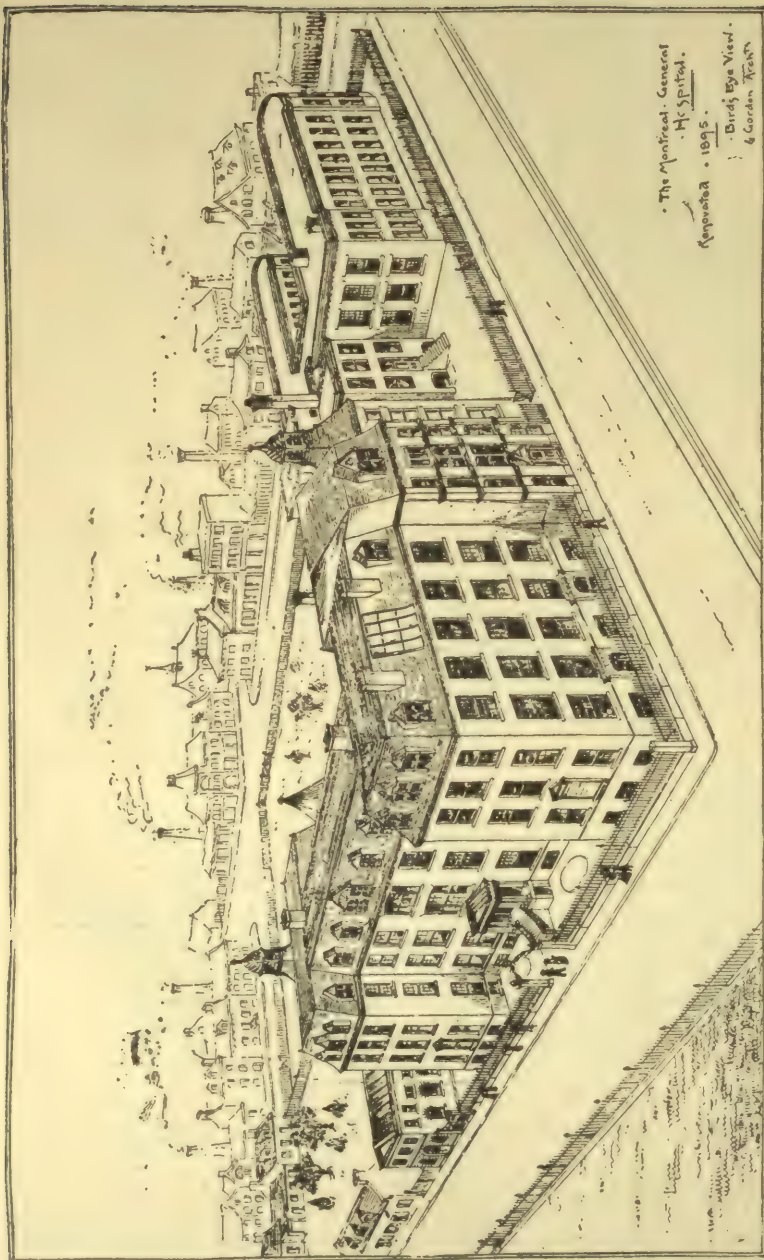
The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia



• The Montreal General
 Hospital.
 Kingston • 1895.
 : Bird's Eye View.
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THE MONTREAL GENERAL HOSPITAL.

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Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent: President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss E. Fraser, Miss M. H. Graham, Miss F. Macpherson, Miss N. Parke.

POSTINGS AND TRANSFERS.

Matrons.—Miss M. Russell, R.R.C., to M. Hp., Colchester, from M. Hp., York; Miss E. J. Martin, to M. Hp., Chatham, from M. Hp., Hounslow.

Sisters.—Miss M. Mark, to R. H. Hp., Woolwich, on return from Malta; Miss C. K. E. Steel, to R. H. Hp., Woolwich, on return from South Africa; Miss G. E. Larner, to M. Hp., York, from R. H. Hp., Woolwich; Miss A. Nixon, to M. Hp., Hounslow, from R. V. Hp., Netley; Miss E. A. Cox, to the Q. A. M. Hp., Millbank, London, S.W., from trooping duty, S.S. *Plassy*; Miss M. Smith, to R. V. Hp., Netley, from trooping duty, S.S. *Plassy*; Miss A. L. Walker, to Cambridge Hp., Aldershot, from trooping duty, S.S. *Plassy*; Miss K. Pearse, to M. Hp., Wyneberg, S.A., from M. Hp., Pretoria; Miss A. A. Wilson, to M. Hp., Pretoria,

S.A., from M. Hp., Wynberg; Miss W. G. Massey, to R. V. Hp., Netley, on return from Egypt.

Staff Nurses.—Miss E. M. Rentzsch and Miss H. Hartigan, to Malta, from R. H. Hp., Woolwich; Miss M. Brown and Miss S. Richards, to Malta, from the Q. A. M. Hp., Millbank, London; Miss M. B. Williams and Miss M. J. Hepple, to Malta, from Cambridge Hp., Aldershot; Miss E. Fraser, to Cambridge Hp., Aldershot, on appointment; Miss C. M. MacRae, to R. V. Hp., Aldershot, on appointment; Miss S. O. Beamish, to M. Hp., York, from R. H. Hp., Woolwich; Miss M. Davis and Miss C. G. Lees, to Egypt, from the Q. A. M. Hp., Millbank, London; Miss M. Antrobus, to Egypt, from R. V. Hp., Netley; Miss G. A. Aitchison, to M. Hp., Colchester, from R. V. Hp., York; Miss K. Roscoe, to M. Hp., Alexandria; Miss H. M. E. Macartney, to M. Hp., Cairo, Egypt; Miss M. S. Williams, to R. H. Hp., Woolwich; Miss E. M. Lovell, to R. V. Hp., Netley; Miss F. Macpherson, to the Q. A. M. Hp., Millbank.

ARRIVALS.

Sisters.—Miss L. E. C. Steen and Miss W. G. Massey, from Egypt; Miss M. E. Neville, Miss B. F. Perkins and Miss M. Mark, from Malta.

PROMOTIONS.

The undermentioned Sisters to be Matrons.—Miss A. S. Bond, R. R. C.; Miss J. Hoadley, R. R. C.; Miss E. J. Martin; Miss S. L. Wilshaw, R. R. C.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss M. Byerley. Miss M. E. Medforth and Miss I. J. Pooley.

C. H. KEER.

Matron-in-Chief, Q.A.I.M.N.S.

THE MILITARY NURSING SERVICE.

It is officially announced that existing vacancies for staff nurses in Queen Alexandra's Imperial Military Nursing Service will be filled at once. The rates of pay range as follows: Matron-in-Chief, from £305 to £350; Principal Matron, £175 to £205; Matron, £75 to £150; Sister, £50 to £65; Staff Nurse, £40 to £45.

Furnished quarters and servants are provided, and allowances are given for board, for uniform, and for washing.

All members of Queen Alexandra's Imperial Military Nursing Service are required to take their turn of foreign service.

Applicants must be of good social position, and between the

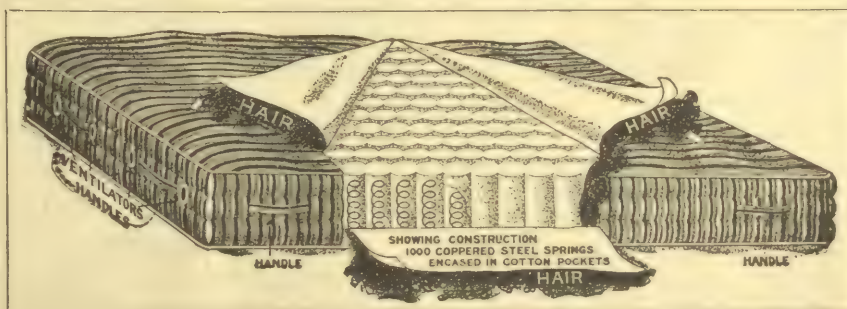


"I!" said the student;
 "It's best to be prudent—

"I said
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ages of twenty-five and thirty-five, and must possess a certificate of not less than three years' training and service in medical and surgical nursing in a civil hospital of not less than 100 beds recognized by the Army Medical Advisory Board. Full particulars as to the conditions of service and forms of application for admission can be obtained by applying to the Secretary of the War Office, Whitehall, S.W., or personally to the Matron-in-Chief, at the same address, who will see candidates on Tuesdays and Thursdays, between the hours of 10 a.m. and 1 p.m.

**THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD
GENERAL AND MARINE HOSPITAL TRAINING
SCHOOL FOR NURSES.**

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

MISS E. MCPHERSON DICKSON has been for nearly two years Lady Superintendent of the Toronto Free Hospital for Consumptives. Two months ago, when certain reorganizing work was undertaken at the Muskoka Cottage Sanatorium, Miss Dickson, because of the ability she had shown in her own position, was asked to go to the Cottage Sanatorium as acting Lady Superintendent. It was never intended that the position with her should be permanent. Her services were too highly valued at Toronto. Last week Miss Dickson, after doing splendid work at Muskoka, returned to Toronto and resumed her duties as Lady Superintendent at the Toronto Free Hospital for Consumptives. Miss Addah Strouse has been appointed Lady Superintendent of the Muskoka Cottage Sanatorium. She is a graduate of the Philadelphia Hospital Training School of 1901. For the past three years she has held an important position in the Adirondacks Sanatorium of Saranac, N.Y., having been for the past year Assistant Lady Superintendent of that institution. The trustees of the Cottage Sanatorium realize that for their particular work they have obtained an infinitely strong and trained official in the person of Miss Strouse.

THE human race is divided into two classes—those who go ahead and do something and those who sit and inquire “why wasn’t it done the other way?”—*Oliver Wendell Holmes.*



We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

When ordering, please state waist measure and length of apron required.

THE CAP is made of muslin, with two frills and double border, edged with lace, each 12½c. Other styles and prices in stock.

COMFORT HOT WATER BOTTLE, finest red rubber, \$1.35, \$1.60, \$1.85, \$2.15 according to size.

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CANADA

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Catalogue of the Medical Library, Maria Louisa Robertson
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(Continued.)

33—Surgery	Magee
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36—Medicine, Practice of.....	Dayton
37—Pediatrics	Tuley
38—Gynæcology, Quiz Compend.....	Wells
39—Physiology, Quiz Compend.....	Brubaker
40—Materia Medica	Potter
51—Diseases of Children, Quiz Compend.....	Hatfield
52—Bacteria, The Story of.....	Prudden
53—Medical Laboratory Methods	French
54—Anatomy Methods, Quick and Easy.....	Frederick
55—Surgical Nursing	Fullerton
56—Skin, Diseases of the.....	Schalek
57—Toxicology	Dwight
58—Nervous and Mental Diseases.....	Nagel
59—Eye and Ear, Diseases of.....	Alling
60—Anatomy	Hale
71—Genito-Urinary and Venereal Diseases.....	Schmidt
72—Anatomy, Quiz Compend.....	Potter
73—Materia Medica for Nurses.....	Groff
74—Medicine, Essentials of Practice of.....	Williams
75—Materia Medica and Therapeutics, Essentials of....	Morris
76—Chemistry, Essentials of Medical.....	Wolff
77—Nervous Diseases and Insanity, Essentials of.....	Shaw
78—Anatomy, Essentials of.....	Nancerede
79—Injured, Prompt Aid to the.....	Doty
80—Surgery, Quiz Compend.....	Horwitz
91—Chemistry, Quiz Compend.....	Leffman
92—Physics and Inorganic Chemistry.....	McGlannan
93—Care of the Child in Health.....	Oppenheim
94—Bacteriology, Essentials of.....	Ball
95—Visiting Nurse	Shawe
96—Hygiene of the Nursery.....	Starr
97—Hygiene, Practical	Parks
98—Emergency Notes	Butler
99—Childbed Nursing and Infant Feeding.....	Jewett
100—Bandage, The Roller.....	Hopkins
111—Accidents and Emergencies.....	Dulles
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(To be continued.)

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Very satisfactory results are obtained from using

Paste, used such tartar-teeth clean



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TOOTH
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OR PASTE**

in the morning.

THE MINISTERING ANGEL

Correspondence.

FROM A PRIVATE NURSE.

DEAR MADAM,—I have been private nursing since May, and often meet with difficulties which, were it not for our CANADIAN NURSE, would prove difficulties in every sense of the word.

Miss B— had not seen THE CANADIAN NURSE until we were nursing a case of typhoid together and my copy came in. She was delighted with it, as I knew she would be, and I am sure it will be a help to her, for like myself she has not been on her own responsibility very long.

Again thanking you for the help in the past year, and with every good wish to THE CANADIAN NURSE, I remain,

Very sincerely.

DR. GRENFELL'S VISIT TO OUR HOSPITAL.

We were all so pleased when we heard that Dr. Grenfell was in Woodstock and would pay us a visit. The medical staff met him in the directors' room at the hospital and presented him with an address and a book of views of the city in remembrance of his visit to us. Dr. Grenfell made a happy reply and referred to his work among the Deep Sea fishermen.

Particularly interesting were his remarks about the children who come under his care. On many occasions whole families are left destitute by the loss of father and brothers whose vessels have been wrecked on those treacherous, rocky shores. One of our patients, "little Tommy," with a tubercular knee, said, "I like him," and I think we all echoed what he said.

The new hospital at Harrington, which is to be opened this summer, has been partially furnished and equipped by some of the citizens of Woodstock, who are deeply interested in the work. Dr. Grenfell was then shown through the wards and surgical department, and expressed pleasure in all he saw. In the wards most of the patients had heard of the good work he has carried on for so many years on the Labrador Coast, and were all anxious to speak to the man who has accomplished so much for the sick and suffering. His double mission of preaching the Gospel and healing the sick is shown in so practical a way that his sermons are demonstrations of great good to mind and body.

Woodstock, Ont., Hospital, March 6th, 1907.

Instruction in Massage

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Term : 3 Months

Tuition Fee : \$60.00

Course in Electro-Therapy

Term : 2 Months

Tuition Fee : \$25.00

Course in Hydro-Therapy in all its Forms

Term : 6 Weeks

Tuition Fee : \$30.00

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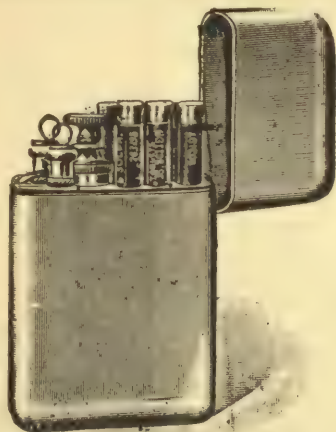
**Summer Classes open
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Hospital and Training School Department

A NEW hospital at Picton, Ont., is proposed.

ST. PAUL'S HOSPITAL, at Saskatoon is now open.

WE hear that Regina is erecting a Roman Catholic Hospital.

FOR the year 1906, the Hotel Dieu, Montreal, admitted 3,112 patients.

A LAUNDRY costing \$4,000 has been built at the Brockville General Hospital.

A \$50,000 bequest has been left to the Protestant General Hospital, at Ottawa.

THE Grey Nuns, of Montreal, will erect a hospital at Regina, to cost \$90,000.

SASKATOON is building two new hospitals, a Roman Catholic and a Protestant one.

THE sum of \$500,000 will be raised to complete the Notre Dame Hospital in Montreal.

MISS CATHERINE GREER, V.P.H., Fredericton, is doing private nursing in Presque Isle, Me.

SHERBROOKE, Que., intends erecting a very handsome Roman Catholic Hospital in the near future.

MISS TROUT, of Harriston, spent a short time with her parents in Wiarton during the Easter vacation.

IT is intended by the Jews of Montreal to build a hospital of their own, called the Mount Sinai Hospital.

A DONATION of \$15,000 has been given for a ward for incurable consumptives at the Hamilton City Hospital.

THE V. O. N. Hospital at New Liskeard is to be opened in May, with Miss W. S. Keith as lady superintendent.

THE Royal Victoria Hospital admitted during January 319 patients, and treated 2,310 in the outdoor department.

MISS BESSIE MURRAY, Class '00, V.P.H., Fredericton, expects to leave about the middle of May for a trip to Europe.

DRS. F. G. FINLEY, Lafleur and Martin have been appointed Professors in Medicine and Clinical Medicine at McGill University.

LONDON will probably give grants as follows this year for hospital and health purposes: The Hospital for Consumptives, \$20,000; the Isolation Hospital, \$75,000, and the Hygienic Institute, \$50,000.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

MARTIN H. SMITH COMPANY,
NEW YORK, U. S. A.

MISS E. C. SHANNON, late Matron of the Western Infirmary, Glasgow, is at present private nursing in Winnipeg.

MISS EUGENIA BELLEPERCHE, graduate of St. Joseph's Hospital, Chatham, has taken up private nursing in Windsor, Ont.

MR. EDGAR HORNE, Class 1906, V.G.H., Halifax, N.S., is now doing duty at the Waterbury Hospital, Waterbury, Connecticut.

MISS ISABEL LIKELY, V.P.H., Fredericton, has so far recovered from her injuries as to be able to drive a short distance each day.

MISS ELIZABETH KNOX, Class 1906, V.G.H., Halifax, N.S., went to Vancouver, B.C., early in January, to take up private nursing.

MISS ELIZABETH SMITH, Class 1906, V.G.H., Halifax, N.S., is taking a post-graduate course at the New York Lying-In Hospital.

MISS DORA HICKEY, graduate of the Winnipeg General, was quietly married to Dr. Wardell, of Moose Jaw, on Saturday 20th, at 5 p.m.

MISS E. B. BARWICK of the Toronto Central Registry, and Mrs. Annie Yorke, spent the Easter holidays in Baltimore and Washington.

MISS COTTON, who was in charge of the Carman Hospital in Miss Vembales absence, has returned to Winnipeg, and private nursing again.

MISS ANNIE ANDREWS is at present in charge of the Rolland M. Boswell Hospital, Miss Playfair having resigned and gone east to Kingston, Ont.

MRS. JARDINE, Night Superintendent of the S.C.H., Toronto, will return shortly to her home in Uxbridge, where she will take up private nursing.

FOR January, in the Montreal General Hospital, there were 20 deaths, 287 admissions, and 261 discharged. The outdoor department treated 4,306 cases.

MISS MCWILLIAMS, Superintendent R.A.H., Fergus spent her Easter holidays in Toronto, where she attended the annual meeting of the O. G. N. A.

THE graduate nurses of the Owen Sound General and Marine Hospital are looking forward to forming in the near future a Nurses' Alumni Association.

WE announce with regret the resignation of Miss Lawler, 1st assistant to the Superintendent of the Training School for Nurses, Toronto General Hospital, which is to take effect this month. Miss Stewart, 2nd assistant, has been promoted to the vacant position.

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BRANCH HOUSE

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MRS. J. W. ST. JOHN will probably remove from Toronto in the near future.

THE nurses from 179 College Street have moved to Gerrard Street, and also the nurses from 380 King Street West, have moved to 146 Winchester Street, Toronto.

MISS LILLIE E. BURNS and Miss Florence Darling, graduates of St. Joseph's Hospital, Chatham, have accepted positions in the Hotel Dieu Hospital, Windsor, Ont.

MISS ADA STODDART and Miss Josephine Young, graduates of V.G.H., Halifax, N.S., Class of 1906, are taking a post-graduate course at the Boston Lying-In Hospital.

MISS AMY GRAHAM, Class 1906, V.G.H., Halifax, N.S., has resigned as head nurse of the post-operative wards at that hospital to do private nursing at her home in New Glasgow, N.S.

MRS. FLORENCE BISITOP-CAMPBELL and Miss Jean Cameron, Class '04, V. G. H., Halifax, N.S., have accepted positions as head nurses at the Day and Kimble Hospital, Putnam, Conn.

MISS EDYTHE ESSEX, a graduate of Victoria General Hospital, London, Ontario, is Superintendent of the V. O. Hospital at Thessalon, during the absence on long leave of Miss McDuffie.

MR. CHARLES REDMOND, Class 1905, V. G. H., Halifax, N.S., has accepted a position at the Halifax Infirmary. This hospital is for private patients, and is conducted by the Sisters of Charity.

MISS M. G. HOUGHTON, graduate M.G.H., has resigned her position as Superintendent of the Sherbrooke Protestant Hospital. Miss Lawrence, the Assistant Superintendent, will take charge for the present.

MISS BESSIE PHILLIPS, L.S.I., Class 1906, has accepted a position as head nurse in the Roosevelt Hospital, N.Y., and Miss Jessie Argue, also of Class 1906, is taking a post-graduate course in the same hospital.

MISS CHRISTINE MACFADYEN recently resigned her position as Assistant Superintendent of the Ottawa Maternity Hospital, to accept an appointment as operating room supervisor at the McKeesport Hospital, McKeesport, Pa.

THE Salvation Army, of Halifax, N.S., have just bought a valuable property on Tower Road, and are going to open a Maternity Hospital for paying and non-paying patients. This will be the first hospital of its kind in Halifax.

ON April 20, by the afternoon mail, the postman brought the Editor of this department two letters, one from Dawson City, Y.T., and the other from Labrador. Surely our journal is forming a connecting link between the extreme points of Canada.

First Showing of the Spring Embroideries at Simpson's



TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

Cambric Embroideries. Cambric Embroideries from 1 inch to 5 inches wide, per yard, **5c to 50c.**

Cambric Insertions. Cambric Insertions, from 1 inch to 4 inches wide, per yard, **5c to 40c.**

Nainsook Embroideries. Nainsook Embroideries, from 3-4 inch wide to 5 inches, per yard, **10c to 75c.**

"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c to 85c.**

Corset Covers Embroideries. Corset Covers Embroideries, in Cambric, Nainsook and Swiss, 16 inches wide, per yard, **25c to \$1.25.**

All-over Embroideries. All-over Embroideries, in Swiss, Nainsook and Cambric, 22 inches wide in the small dainty "baby" effects; also "Blousing" in handsome designs in "eyelet" blind and "shadow," per yard, **\$1.00 to \$3.50.**

Blousing Insertions. Insertions in Cambric, Nainsook and Swiss for "blouses" in all the latest patterns, immense assortment in "shadow," "blind" and eyelet effects, 2 to 6 inches wide, per yard, **25c to \$1.50.**

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COMPANY,
LIMITED

TORONTO, ONT.

THE new property acquired by the Montreal General Hospital will provide an entire square for this historic hospital, as well as part of another square. When it is rebuilt there will probably not be a finer hospital on this continent.

THE Owen Sound General and Marine Hospital Ladies' Auxiliary, gave their annual ball on April 2. The proceeds amounted to about \$425. Part of the above amount will be used for the erection of balconies from the first and second floors of the hospital.

THE Alexandra Hospital for Contagious Diseases, Montreal, is doing good work. In 158 cases of diphtheria there were 12 deaths, one death in 74 cases of scarlet fever, and one in 42 cases of measles. The average daily stay was 22, and the daily cost was \$1.24.

THE Montreal General Hospital, in its eighty-fifth annual report, reports 3,458 patients, or a daily average of 201. There were 254 deaths. The average daily cost was \$1.54. In the out-door department 46,952 patients were treated. The income was over \$100,000.

MISS CLARA EVANS, Superintendent of the Kootenay Lake General Hospital, Nelson, B.C., will spend the next three months at her home in Port Arthur. Miss Evans is only now recovering from a long and serious illness, and her friends hope a rest at home will quite restore her to good health.

MRS. ANNA M. STAEBLER is now Superintendent of Nurses at the McKeesport Hospital, McKeesport, Pa. Mrs. Staebler is a Canadian, and was trained at the Pennsylvania Hospital, Philadelphia. She had charge of a Philadelphia hospital for some time before being appointed to McKeesport.

THE semi-annual meeting of the trustees of St. Joseph's Hospital, Glace Bay, N.S., was a most interesting one. The trustees were gratified with the results and tendered Mr. McDonald a vote of thanks for his gratuitous work as treasurer of the institution. The work of Miss Janet Cameron, Superintendent of the Hospital, was referred to most favorably, and she was granted a three months' leave of absence to visit leading hospitals in Canada and the United States.

THE Nurses' Social Club, of Toronto, held its open meeting in the Temple Building on the evening of April 17. There were over a hundred nurses and their friends present, all seeming to enjoy themselves. A short informal programme, given by the Misses Slaght, Martin and Dow, and Mr. Parton, was very much enjoyed, after which the committee did the honors by serving the guests with coffee and cake. A few remarks were made by Miss Bowerman on the subject of the Nurses' Club House, which is so much desired by the nurses. The next meeting will be held May 15, when a lecture will be given by Rev. Dr. Teefy.



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The Feeding of Infants
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Toronto

MISS MARIA ROOME MACDONALD has now recovered sufficiently to go to the country for some weeks preparatory to resuming her duties as Superintendent of Nurses in the Victoria Public Hospital at Halifax. We join with Miss Macdonald's many friends in congratulating her upon her excellent recovery.

THE Alexandra and St. Paul's Hospitals for Contagious Diseases in Montreal, will shortly enter on a new contract with the city for twenty-five years, at the end of which time the city may expropriate both hospitals. The new contract provides that the city shall be represented on the Board of Governors, and that the annual grant to each hospital will be \$30,000.

WE are glad to announce that Miss M. Vernon Young is recovering, after a serious illness, which has lasted ever since the conclusion of her professional duties at Government House, Ottawa, last January. Miss Young was confined to bed ten weeks, and has been advised by her physicians not to go on with her nursing for a year. For the present she will reside at the M.G.H. Nurses' Club, 59 Park Avenue, Montreal.

THE late Mrs. Lett, of Collingwood, has left several important bequests to the Collingwood General and Marine Hospital, probably amounting in all to some \$10,000. It will be remembered that Mrs. Lett was really the founder of this hospital, which will long stand as a monument of her love and devotion to those in sickness and distress. In addition to bequests in money, Mrs. Lett's will provided that the linen, table napery and furniture of her home are to be at the disposal of the hospital.

IN the report of the St. John Public Hospital, presented to the Legislature of New Brunswick by the Premier, it is stated that 1,186 patients were treated during the year. Of this number 750 were discharged as cured, 232 as showing improvement, and 12 as incurable. Ninety-five died and 80 are still under treatment; 446 were males and 740 females; 428 were married. The number of operations performed was 262. Of the patients 499 were residents of St. John city and county, 251 came from points in New Brunswick outside of St. John and 436 from outside New Brunswick. The receipts for the year were \$52,000.

MISS MARGARET MURRAY, of Toronto, was recently appointed Superintendent of the Hospital for Contagious Diseases at Grand Rapids, Michigan. It is reported in the press that the Grand Rapids Labor Unions have requested her deportation under the Alien Labor Law. We think there must be a mistake, as members of a profession are expressly exempted in the provisions of this law. We are assured in later and more authentic news from Grand Rapids that press accounts in this matter are entirely misleading, and that the Labor Unions and the Board of Health have taken no stand at all against Canadian nurses. It is now thought that no further trouble need be anticipated.

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A convenient, nourishing luncheon for the busy nurse when professional duties prevent regular meals.

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THE second annual meeting of the Collingwood General and Marine Hospital Alumnae Association was held on Thursday, May 2, in the Board Room of the Hospital. The election of officers was as follows: Hon. President, Miss Morton; President, Miss Jennie Carr; 1st Vice-President, Miss M. Redmond; 2nd Vice-President, Miss M. Knox; Secretary, Miss Gerald Morton; Assistant Secretary, Mrs. McBride; Treasurer, Miss P. J. Cottrill, Sick Visiting Committee, Miss E. Dawson, Miss M. Lord, Miss A. Moore.

SUFFICIENT money has been raised to guarantee the erection of a new hospital in Orillia in the near future. Orillia is badly in need of a hospital, and for some years a committee (the local doctors and other prominent townspeople) have been making strenuous efforts to procure one. A fine site, consisting of 2 1-4 acres, on the corner of Mississauga and Frederick Streets has just been purchased by the Hospital Board for \$3,500. While final plans for the new building have not yet been definitely decided upon, a modern building, costing \$18,000 or more, may be said to be what they have in view. It is hoped to have it erected this summer. The ladies of the town have formed an auxiliary, and are raising money for the purpose of furnishing the new hospital.

At the April meeting of the Toronto General Hospital Alumnae Association most interesting letters were read from members in the Foreign Field, viz., Miss Helen Melville, Anatolia. Central Africa; Miss Mary Allen, of the China Island Mission at Shanghai, and Miss Harriet Thomson, of Indore, India. These letters, with their tales of suffering and ignorance, and yet withal the hopefulness of the Christian nurse shining through, which counts nothing too hard or disagreeable if she can but win souls to Christ, cannot help being an inspiration to the nurses who stay at home, and are too apt in the midst of comforts to think that this life has all that is wanted in life. At the next meeting "Nursing Ethics" will be discussed, and also letters read from nurses in Jamaica and Persia. This was to have been missionary day, but circumstances arose which necessitated the change.

THE Alumnae Association of the Guelph General Hospital held their quarterly meeting at the home of the President, Mrs. Douglas, on Saturday, April 27. There was a good attendance. A very interesting letter was read by Miss Walker from Miss Borthwick, Superintendent Macon Hospital, Macon, Ga. Macon is a railroad centre and there are a great many emergency cases brought to the hospital. Mrs. Anderson read an interesting report of the annual meeting of O. G. N. A., held in Toronto. The Ladies Aid of the hospital are undertaking a "Made in Canada Fair" in June, and asked the alumnae to take a booth, which they agreed to do. The meeting adjourned at 4.30 p.m., when Mrs. Douglas entertained the members to afternoon tea.

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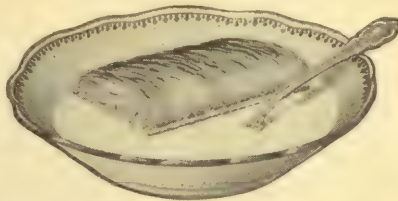
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Niagara Falls, Ont.

Miss M. M. MORLEY gave a very interesting paper on "Massage," at the monthly meeting of the H. S. C. Alumnae, after which a very pleasant informal tea was held, at which Miss Kinder and three other guests were present.

THE monthly meeting of the Alumnae Association of the H. F. S. C., Toronto, was held in the Nurses' Residence on February 14th. There was a good attendance. Miss E. Jameson gave a short account of her work while in Los Angeles. Tea was served at half-past four o'clock in the Reception Room. Among those present were Miss Brent, Miss McKim, Miss Bowerman, Miss Yorke and Miss Graves. Mr. J. Ross Robertson spoke to the members of the association about the book on Invalid Cookery.

THE closing meeting of the Nurses' Social Club was a memorable one, a lecture being given by Rev. Father Teefty on "A Visit to Rome." The whole lecture was not only interesting and eloquent but impressive. The lecturer has been twice in Rome and is very familiar with the historic scenes he describes. On the last visit he was particularly favored by having five interviews with the Sovereign Pontiff. Miss Martin and Miss Dow, and Messrs. Davis and Cutting contributed a pleasing musical programme, after which the audience enjoyed refreshments.

THE Alumnae Association of the Toronto Western Hospital held its annual "At Home," March 5th, at the nurses' residence, 24 Rosebery Avenue. A very pleasant time was spent, but owing to the stormy weather a number were detained from attending. Several of our members who reside out of the city favored us with their presence. We all enjoyed having Miss Johnston, late of Battleford, Sask., with us. The Association holds its monthly meetings on the last Thursday of each month, 2.30 p.m., at 24 Rosebery Avenue. The officers are Mrs. Annie York, President, 400 Manning Avenue; Miss Georgina Woodland, Secretary, 121 Carleton Street; Miss Clara Ovens, Treasurer, 502 Spadina Avenue.

THE H. S. C. Alumnae Association are greatly pleased about the success which has already attended the sale of their book on "Invalid Cookery." We are informed that every one who sees a copy or even reads the advertisement in THE CANADIAN NURSE, at once telephones (or telegraphs) Miss Gray for a copy, and when the first annual dinner of the Editorial Board of THE CANADIAN NURSE takes place, it is arranged that the menu shall be composed entirely of recipes from this book! It is intended that a copy shall be sent to all the hospitals in the Dominion of Canada. Forty-five copies have already gone to Ontario hospitals (postage paid), from which a number of orders are expected, as soon as the busy hospital officials have a moment to look at this book.

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THE usual monthly meeting of the Collingwood General and Marine Hospital Alumnae Association was held in the Board Room of the Hospital on Thursday, April 4. The attendance was small, so many of the members being engaged in their professional duties out of town. The usual order of the meeting was set aside, and very interesting accounts given of the annual meeting of the O.G.N.A. in Toronto. There was also a discussion on the best methods to be pursued in interesting others in the CANADIAN NURSE. The following have been ill in the General and Marine Hospital, Collingwood, during April: Mrs. W. J. Bassett, President Women's Board of Management; Miss Dolly Cameron, graduate Michael Reese Hospital, Chicago; Miss Tatt, graduate Melrose Hospital, Boston, and Miss Mary Lord, graduate General and Marine Hospital Collingwood.

THE last meeting of the A.G.N.O. showed more clearly than ever the need in Toronto of a nurses' club-house. When the outside nurses are ready and willing to go to the expense of a journey to Toronto to attend the Association, surely the Toronto nurses ought to provide a headquarters for them. But this club would not only benefit those from outside, but be of constant help to those nurses in the city. It means of course that the loyalty and financial help of all the nurses in the city must be given to it. The committee in charge are working well, but money is needed. Will the nurses be prepared to help if a personal canvas should be required? This undertaking would increase the prestige of the nurses very much, and possibly help us in our efforts to get registration, and thus to have nursing recognized legally as a profession in Canada. The club-house will not interfere with any of the existing nurses' homes in the city.

BIRTH.

FLEMING.—On March 24, to Mr. and Mrs. Alex. Fleming, a daughter. Mrs. Fleming was formerly Miss Sinclair, graduate of V. P. H., Fredericton, N.B.

MARRIAGES.

NEWTON—CAMPBELL.—At All Saints' Church, Ottawa, April 5, Ethel N. Campbell, graduate of the Lady Stanley Institute, Class 1906, to Mr. William Newton, Ottawa.

BOWER—JOHNSTON.—At the residence of the bride's father, Athens, Ont., Eleanor Johnston, graduate of the Lady Stanley Institute, Class 1902, to Dr. Ira Bower, Ottawa.

We have received a reprint, entitled "The Woman's Hospital in the State of New York, and its Post-Graduate School for Nurses," which contains much interesting information, and several beautiful pictures of the nurses' rooms, and other views of this very fine modern hospital. Our readers will remember that this appeared as an article last month in the *American Journal of Nursing*.

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Try Mennen's Violet (Borated) Talcum Powder. It has the scent of fresh cut Parma Violets.



The Nurse's Library.

The Canadian Practitioner, one of the best friends of THE CANADIAN NURSE, is always a welcome visitor, and invariably contains original articles, editorials and notes of great interest and value.

The Canada Lancet has recently been added to our Exchange List. It is the oldest medical journal in the Dominion. The last number contains a notable article by Dr. Amyot on "The Water Supply of Toronto."

The Canadian Journal of Medicine and Surgery, a medical journal successful from a business as well as a professional standpoint, is another valued exchange. A recent number contained the finest sketch we have seen of the life of the late Dr. Peters. It was written by Mr. I. H. Cameron.

The Psychological Clinic has just been founded in the University of Pennsylvania, and is our latest exchange. We are much interested in it. It is devoted to the study and treatment of abnormal and backward children. The Editor, Prof. Lightner Witmer, is to be congratulated upon his journal.

Infant Education. By ERIC PRITCHARD, M.D. London: Henry Kimpton, 13 Furnival Street. 2s.

This is the first number of the Borough of St. Marylebone's Health Society's Lecture Series, and it is a most refreshing volume to come across. It is original, interesting, almost racy in parts, and covers, in small compass, a great field. This it does so well that we can only advise our readers to get a copy for themselves. The lecture on The Formation of Habits and that on The "Points" of an Infant, are worth their weight in gold.

Notes on the Care of Babies and Young Children. For the use of Teachers. By BLANCHE TUCKER. London: Longmans, Green & Co., 39 Paternoster Row. 1s.

This is an excellent little book. Nurses who have to make addresses on these subjects, and also all nurses engaged in school and health department work, will find it a most sensible, accurate and useful book, and well worthy of a place on the book-shelf.

Growth. By GRAHAM TRAVERS. Toronto: The Musson Book Co.

"Real good stories" the good nurse is always on the look-out for, both for herself and for her convalescent patient. This is one. The author, Graham Travers, whom our readers will remember as the writer of "Mona Maclean, Medical Student," is Miss Margaret Todd, M.D., of Edinburgh. Doctors and nurses and other charming people inhabit this book. It is pleasant, and even inspiring reading.

Talks to First Year Nurses. By ALFRED T. HAWES, M.D. Boston: Whitcomb & Burrows. \$1.25.

This is a compend in which the author aimed at presenting for

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THE attention of nurses is called to special post-graduate Summer courses at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Str., Philadelphia, in Massage, Swedish Movements, Medical and Orthopaedic Gymnastics, Electricity and Hydro-Therapy, opening June 27th, 1907. Thorough Course in Anatomy and Physiology. Theoretical lectures by the staff physicians and upon invitation. Booklet on Massage and application blank by addressing the Superintendent.

The Canadian Nurse

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ADVANCES IN MEDICINE.

Of almost untold benefit to the human race has been the greatly increased knowledge of brain localization acquired by the profession since the eighties. Ferrier, Horsley, Fritsch and Hitzig have, by their localization of the functions (especially the motor centres) made possible the determining of the site of a tumor, abscess or cyst by the focal symptoms. Not only has there been a marked advance in the ability to diagnose brain conditions. The work of Broca, Macewen, Horsley and others has shown with what impunity the surgeon may, with modern antiseptic methods, trephine the skull, open the dura mater and interfere with the brain tissue itself. The precise and detailed rules for operation laid down by Horsley have made it possible not only to save the lives of many who would formerly have been considered hopelessly doomed, but by early operation on these cases, to avert that terrible calamity of total blindness, which has in so many cases followed the optic neuritis arising from the presence of brain tumors long neglected.

It has been said that modern surgery of the stomach is not six years old, and the best of it only three years old. The most striking advances in surgery in the year 1906 may be ascribed to surgery of the stomach.

Ulcer of the stomach is to-day largely a surgical disease. We all agree that in ordinary cases we must give our patients the benefit of a thorough trial of treatment by medicinal means (such as that given by Leuhartz at the Eppendorf Hospital in Germany: Absolute rest in bed for at least four weeks; ice bag applied almost continuously to the stomach. On the first day the patient gets 200 cm. of milk, half an ounce at a time, and three raw eggs. Two or three times a day he gets two grammes of bismuth subnitrate. Milk is increased at the rate of 100 cm. a day and one egg, so that at the end of the first week the patient is getting eight hundred cm. of milk and six to eight eggs).

For perforation of gastric ulcer, W. J. Mayo maintains that operation should be performed soon after the perforation occurs, because the result is generally fatal when operation is delayed

for longer than ten hours. During 1906 several patients were successfully operated on for ulcers of stomach and duodenum.

One-third of all cancers occur in the stomach. The reason that stomach cancer has not more often been treated radically is that formerly, in such operations, the death rate was very great. Another reason is probably the difficulty of early diagnosis. Mayo's mortality has been only fourteen per cent. A large proportion of cancers of the stomach have been found to develop in old ulcers.

An explorative section should, according to Robson, always be made early enough to allow operation to be of permanent benefit. When radical operation is impossible, he performs gastro-enterostomy, in which he has had a mortality of only 3 1-3 per cent. "If any lesson more important than another is to be learned from the work of 1906, it is that early diagnosis is the all-important matter. In many instances this is not to be attained without an explorative operation. The sooner we convince ourselves of the value and harmlessness of this procedure, the sooner will stomach-surgery come into the full usefulness which it is intended to enjoy."

An important advance has been made during the last thirty years in the diagnosis and treatment of cancer of the larynx. Prior to 1888, the information given in text-books with regard to the symptoms and laryngoscopic signs of the early stages of malignant disease was very scant. Thanks to the splendid work of Sir Felix Semon, and others, not only is it possible now to make an earlier diagnosis by the observation of otherwise inexplicable hoarseness, defective mobility of the vocal cord and microscopic examination of an intralaryngeally-removed piece of the new growth, but by the improvement in surgical technique and the earlier operation, the recurrences and deaths have been greatly reduced. Semon reports a cure in seventeen out of twenty cases; that is, they are well after from one to thirteen years' observation.

In the surgery of the heart some remarkable operations have been performed. In 1881, Dr. John B. Roberts, of Philadelphia, suggested heart suture. In 1894, Dr. Del Vecchio, of Naples, demonstrated its feasibility before the Eleventh International Medical Congress in Rome, by his experiments on dogs. In 1896, two years later, the human heart was sutured by Farrina and Cappelen. Reims, Parrozani, Parlavecchio and Pagenstecher, by their successful suturing of the heart, have revolutionized the treatment and changed the probable outcome. Perhaps even more brilliant has been the extraordinary work accomplished during the last two or three years by Crile, of Cleveland. He has been able to cause a resumption of the heart beat after the circulation had ceased from six to twenty-four minutes. In two of these cases the circulation and respiration resumed their automatic role

again. In one other, the respirations were not established in good rhythm. He makes this rather formidable prophecy: "With further elaboration may we not be able to overcharge the blood with oxygen and instantly stop the heart by an electric inhibition, perform an operation upon an obstructing aortic valve, then promptly set the automatic mechanism of the heart in motion again? Even now one might have ten minutes' grace at one's command for the execution of a cardiac technique upon a quiescent heart."

One of the marked features of the past few years is the greatly increased interest taken in the physical condition of children. In London, England, female inspectors are employed by most of the London sanitary authorities. These women receive reports of all births occurring in the poorer districts and make regular visits to the homes, giving printed and verbal advice as to the feeding and management of infants. As a great deal of the early mortality is due to ignorance, such inspection is bound to have considerable effect in prolonging the lives of the young. The examination and systematic inspection of school children, with a view to the removal of cases of contagious diseases in their early stages, detection of defects of eyes, nose, ears and other organs, is now in force in some of the larger cities on this continent. All these movements indicate an increasing realization, on the part of the public and the authorities, of the value to the state of prolonging and re-enforcing human life. Already the average age of human existence is considerably greater than it was twenty years ago. When we consider how widespread the knowledge of sanitary laws is becoming; the diligent attention that is being paid, both by individuals and the state, to the preservation and betterment of the lives of children and to the improvement of their home environment, may we not have the vision of our children's children so far improved in health and vigor, that their existence may approach in length the years of the Bible patriarchs!

Doubtless some of you here present remember the difficulties women had to contend against a few years ago in order to obtain an advanced education. Great credit must be given to those courageous pioneers who were willing to face the opposition of narrow-minded trustees and professors, the scorn and derision of selfish male students, and the contempt of an ignorant public, in order to secure their diplomas in Arts or Medicine. But their heroism has borne fruit so abundantly that women at the present time have, in almost every department of our medical colleges and hospitals, equal advantages and opportunities with the men. As a result of this progress, and of the opportunities thus afforded them, we look to the women, not only to advance the interests of the profession in all its various branches, by research, discovery and invention, but to assist, with all that energy and perseverance which characterize them, in elevating, to even higher levels, that noble profession whose portals have been thus widely opened to them.

I would be remiss in my duty if I did not refer, briefly, at least, to the wonderful progress accomplished during the last twenty years in your own profession. The nurse is the valued co-worker with the physician, without whom all his skill and knowledge may prove of little practical use. It is difficult for us who have enjoyed this splendid co-operation and assistance throughout all our medical experience, to imagine the condition of those early physicians who had only the Sarah Gamps to help them in all their cases, whether medical or surgical. With what great self-sacrifice these early practitioners devoted themselves to their work, deprived of the efficient aid of trained nurses which we are privileged to enjoy, is illustrated by a modern example. In Cairo, Egypt, Britain established some twenty years ago a school of medicine. Immense difficulties were encountered by those early teachers. Capital operations were performed without assistants and without nurses. Mr. Milton, the surgeon, was wont to sit up all night watching his cases after grave operations. On one occasion, the patient being at death's door, Milton opened a vein in his arm and performed direct transfusion with his own blood.

But, thanks to Providence, the medical men of to-day have the assistance of skilled and cultured nurses, carefully trained in all the various departments of their profession; compelled to pass the strictest and most thorough examinations; with a prolonged practical experience in medicine, surgery and obstetrics—in every way equipped to render the greatest service to patient and doctor.

When we remember that only twenty-five years ago there was no training-school for nurses in this city; that the staff of nurses in the General Hospital was made up of seventeen women, illiterate, not too temperate, occupying bedrooms opening into the wards, and each carrying her knife, fork and spoon in her pocket; and then contrast the splendid record of to-day, when we find not only the General Hospital, but many other hospitals in our own city and throughout the Dominion, training women of the very highest type for one of the noblest professions, we are bound to give due praise to those who have been chief instruments in accomplishing this great advance in the profession of nursing.

Let me congratulate you on the establishment of this Association. By such a union you are helping to elevate your already high calling, protect your own interests, and thus also protect the interests of the public. You have rightly sought state registration. You have failed in your first effort. Be not dismayed. Remember that in all great causes, the education of the public, and of the parliamentary representatives of the public, is a slow, gradual and long-delayed process. Success comes surely to those who persevere. The very struggle to attain such an object will be a means of giving life and vigor to your Association.

Let me use, in closing, a few noble words addressed not long ago to women members of your allied profession of medicine:

"Let me warn you all that you have entered a profession in which success depends upon the most constant and exacting attention on the part of its members. . . . The profession (of medicine) has many drawbacks, yet who that is really interested in it would change it for any other? Is there any profession more useful and more unselfish than yours, and is there any other body of people of whom it can be said to a greater extent, that they are both the friends and advisers of their patients? Whatever may be our lot in the future, let us all recollect .

"Our ancient lesson will be ever new;
That priceless lesson will be ever true;
Time did not teach it, time will change it not.
This, this shall last, though all our lore's forgot.
To give what none can measure, none can weigh,
Simply to go where duty points the way;
To face, unquestioning, the fever's breath,
The hundred shadows of the vale of death;
To bear Christ's message through the battle's rage,
The yellow plague, the leper's island cage;
And with our noblest 'well to understand
The poor man's call as only God's command.'
Ay, under every century's changing sky
Shall the Greek master's triple signal fly—
Faith, honor, duty—duty calmly done,
That shouts no self-praise o'er a victory won;
One bugle-note our only battle-call,
One single watchword, Duty! that is all!"

HARLEY SMITH.

NURSING IN TYPHOID FEVER.

Typhoid fever is a disease of active life, three-fourths of the victims are between the ages of 15 and 35. Children under one year are immune. It is more common among men, as they are more apt to drink infected water, being more often away from home, and are more exposed to cold and wet, thus reducing their vitality. This fever seldom develops in patients suffering from acute diseases, or severe chronic ones, and one attack gives immunity. It is found in the tropics, on the sea level, and in higher altitudes, and it is usually prevalent in the late summer, fall and early winter.

Typhoid fever is an infectious disease, caused by the introduction of a poisonous agent—the typhoid bacillus, into the body. The exclusive portal of entry is the digestive tract. The bacilli are most frequently found in water; in milk, when the cans are washed in infected water. The typhoid bacilli rarely leave the

body in expectorations or expired air, but are eliminated in the urine and feces. Hence the necessary disinfection of the excreta. These germs may live months, they will stand drying and intense cold. Contagion is carried by bed linen, clothes, rubber sheets, thermometers, drinking tubes, dishes, etc., and through negligence in cleansing the hands. Flies and other insects may carry the infection. The anatomical characteristics of typhoid are ulcers, and an enlarged spleen. The clinical characteristics are rose colored spots, the face flushed, the lips parched, the mucous membrane peeling off, the tongue furred and gradually becoming worse. In adults the pulse is usually of low tension; it is frequently dicrotic. The patient is usually apathetic, with finger nails and lips slightly blue. In children the pulse varies with the temperature, it is more rapid and not so dicrotic. The temperature is more remittent, the respirations are more regular throughout, and irritability is quite common.

The onset is often a chill, with a rise in temperature, usually gradual. There is a loss of appetite, a coated tongue, pains in the muscles and bones, more or less distressing. The head aches, and there is sometimes severe pain in the abdomen over the appendix. The patient usually goes to bed about the end of a week. The fever rises the first four or five days, reaches its maximum, and remains persistent from one to two weeks, varying slightly; the lowest in the morning. At the end of three weeks—the period of steep curves, in ordinary cases—it falls gradually to subnormal for four or five days, then is normal once more, and remains there. During the first week of the disease there is little ulceration of the intestines; in the second week, when the ulcers are deepest, there is the greatest danger of perforation. When the temperature breaks the ulcers begin to heal, and ten days afterwards, are well on the way to recovery. The toxic symptoms begin to disappear when the fever breaks, the tongue becomes clear, the spleen small and the rose spots disappear.

The treatment of typhoid is perfect rest, the recumbent position in bed. An untiring, observant nurse should be always at hand to give assistance to the patient in moving, and in every way to save the patient's strength. Two pillows are prohibited, and more than one blanket except when the patient complains of being cold. The mouth must be washed twice a day at least, for the patient's comfort, to enable him to take water better, to prevent complications, as ulcers, infected glands, otitis media, etc. Milk does not ferment as quickly if the mouth is clean. The throat should be sprayed with boracic sol., 10 per cent. The back should have every care to prevent bed sores. The temperature, pulse and respirations should be taken every three hours, and baths are usually ordered for temperature 102 deg. F. and higher.

Baths to reduce the temperature should be agreeable to the patient, so that he enjoys them and in consequence has a good drop

in temperature. Baths of 65 deg. for a temperature of 105 deg. are too severe; the results are bad; as the patient dreads and worries about them, and his nerves are upset. Some patients should have the water at 100 deg., others at 90 deg., 85 deg., etc. Ice bags or cold cloths are put to the head during, and after the bath. The time of the bath is 15 minutes, and the best effect is obtained by rubbing the patient lightly, except over the abdomen, the friction stimulates the circulation and causes reaction and perspiration. The patient should be removed at once from the bath if the character of the pulse becomes bad or if cyanosis is very marked. Such cases must be reported to the doctor, as also those who fail to react after the bath. Whiskey or heaters after a bath should be given only with the doctor's permission. Sponges are given if preferred, or if the patient is too heavy to lift; though the effect is not as good as the tub bath.

The diet in typhoid fever is milk par excellence,* other liquids are used so that the patient will not tire of milk. Some doctors do not order semi-solid food until ten days after the normal temperature is reached, thus giving time for the ulcers to heal. The appetite by that time should no longer be capricious, and the tongue should be clear. Other doctors give semi-solid food, as custards, junkets, etc., through the course of the fever. Each case must be a law to itself, as there may be stomach complications.

In Lakeside Hospital, Cleveland, the diet during the fever consists of six ounces of milk, alternating with six ounces of albumen every two hours during the day, and once or twice during the night. Four ounces of water are given every fifteen minutes during the waking hours, amounting to from eight to fourteen pints in the twenty-four hours. The large quantities so given are well borne. An occasional patient rebels, but is soon persuaded that his comfort is greatly increased by this treatment. The amount of urine eliminated in many cases reaches two gallons in the twenty-four hours. Many good results are claimed by the doctors, from this method of hydrotherapy, employed with the cold bath treatment of the disease. The patients are much more comfortable, headaches are not so common, tongues and mouths are kept cleaner and more moist; apathy, deafness, restlessness, nocturnal delirium and other nervous and toxic symptoms are lessened. Complications, major and minor, are fewer among the patients. The mortality as well as the severity of typhoid fever seems to be diminished. Bowel movements are apparently little affected by the large amount of water taken. A soapsuds enema every other day p.r.n. is the standing order.

The disinfection of the defecations and urine, must be rigorously carried out, and masses of fecal matter broken up. Bed and

*The brilliant work of Sir Almroth Wright has now taught us that milk should not be the sole diet, other fluids should be given.

personal linen must be carbolized immediately on removal. A number of dishes, thermometers, medicine glasses, bed pans, etc., must be set aside and marked for the use of typhoid cases, and must be thoroughly disinfected before being used for others. Boils are not uncommonly met with, they are due to loss of vitality and emaciation.

In toxic cases when the nervous symptoms develop, due to the irritation of the brain cells, there may be low mutterings, the patient may pick at the bed clothes, or he may have coma vigil. The violent type of delirium shows congestion of the blood vessels. The treatment consists of sedatives, as cold baths, an ice cap or ice coil to the head, and bromides. Opium is not given, as it would mask the signs of perforation and hemorrhage. Delirium at the end of the first week shows that pain is a marked feature; at the end of the third and fourth week it is insignificant.

Hemorrhage occurs during the second or third week of the fever. Ulcers deepen and perforate blood vessels, which start bleeding. This may occur in five to six, and even twelve hours before it appears in the stool, but generally in two to four hours, as the hemorrhage usually increases peristalsis. Symptoms of hemorrhage are: The condition of shock—The general appearance is changed—the patient loses his apathetic expression, which is replaced by a peculiarly anxious one—the face is pale, and somewhat livid—there is grayness about the nose, and the angle of the mouth—there are beads of perspiration on the brow, and the body is wet—the feet and hands are cold and cyanotic. The pulse becomes faster, smaller, and very irregular, it loses its dicrotism. The temperature in a case of slow oozing may not drop; if there is a rapid hemorrhage it may drop 7 or 8 deg. The treatment of hemorrhage depends on the severity of the case. The first essential is absolute rest. The foot of the bed should be elevated, and an ice bag over the right iliac region acts as a sedative. Morphine, atropine and opium are sometimes ordered. Morphine grain 1-4 by hypo., every four hours, until toxic symptoms appear, as it acts in two ways—quiets the patient and constipates, and so lessens peristalsis. All food is withheld, but water and cracked ice may be given in small quantities.

Perforation occurs in typhoid only in a few cases. One ulcer becomes unusually deep and breaks through; some of the contents of the intestine gets into the abdominal cavity and sets up inflammation. This may happen during the first three weeks of typhoid before the temperature breaks. The symptoms are pain in the abdomen, which may be severe, or may be slight but persistent; there may be nausea and vomiting. The respirations change, at first they become more rapid due to the abdominal pain; the breathing becomes entirely costal when the perineum is inflamed. The muscles on the inflamed side of the abdomen stiffen and become rigid. The pulse becomes hard and staccato, no longer

undulating. The temperature goes up gradually. The rate of the pulse and respirations, the blood pressure, the number of leucocytes, all are increased. This state usually develops in about half an hour. The treatment is an operation if possible, sewing up the perforation, and washing out the abdomen. Large doses of morphine are sometimes given. Nature tries to wall off the trouble as in appendicitis, but in typhoid there is little time.

Distension of the stomach and bowel in typhoid fever is not uncommon. It is due to the bowels not acting, as the peristaltic movement is partially paralyzed, and the gas is not expelled. The diet must be first considered. Milk diet in typhoid often causes fermentation, as the secretions of the stomach are lessened, and normal movements stopped. The milk must be peptonized, or a change made to albumen and broths. Carminatives may help early in the trouble, hot water, the aromatic spirits of ammonia, peppermint, etc. This condition can be relieved by the passing of the rectal tube, by emulsion of asafetida, by turpentine enemata, and by catharsis. Turpentine stupes to the abdomen stimulate the skin, cause counter irritation, and so help peristalsis, and relieve the pain and distension. An ice coil relieves sometimes when the hot stupes do not, as the cold lessens fermentation.

The heart action may be weakened by the poisonous bacilli. It is very necessary for the nurse to watch the volume, tension, and irregularity of the pulse—as stimulants must be used early in the trouble. A rapid pulse at the end of the first week may indicate heart trouble.

The complications of typhoid, as bronchitis, pneumonia, etc., will not be considered in this paper.

In typhoid fever, as in every acute disease, the nurse should keep a record of all medicines, treatments, etc. The amount and character of the sleep, the baths, how taken, and the result in temperature, the amount and kind of nourishment taken, the evacuation of the bowels and the bladder, the chills, the delirium, the muscular twitching, the pain, etc., all should be recorded at the time. The chart of the temperature, pulse, and respirations should be always accurately kept and ready for the doctor's inspection.

The characteristics and idiosyncrasies of each patient must be watched and studied, and great tact must be used to carry out the treatments.

FLORENCE L. ASHTON.

I WANT you to feel how noble is the life before you, and I foresee for you that which has been to me a source of happiness—the satisfaction of work well done, of success where hope seemed dead, the pleasure of watching the return of health, of seeing the rose replace the lily.

S. WEIR MITCHELL.

THE HEAD NURSE—WARD HOUSEKEEPING AND GENERAL MANAGEMENT.

In the general management of a large ward or a section of a hospital, a head nurse will find ample opportunity for the exercise of both technical and executive ability. The nurse whose professional education has been built on the solid foundation of a thorough practical knowledge of housekeeping, is, as a rule, better fitted to fill such a position than the woman without practical domestic experience. It is not unnatural that a feeling of bewilderment should take possession of even the most self-possessed nurse who finds herself thrust into such a position, in a hospital to which she is a stranger, but a couple of days in the place, will make a decided change in that respect, and a couple of weeks ought to see the clouds disappearing entirely from her horizon. She should begin to see the situation clearly. From the very beginning the head nurse will do well, even though it may not be a rule in that particular hospital, to be always at her post when the nursing staff changes. Only thus can she be sure that the orders will receive prompt attention, that appliances used by the staff going off duty are all in their proper place, that the entire department of which she has charge is left in order, that the work for the next relay starts out as it should. The very fact that she is there, and notices such details will have a good effect in keeping up standards of work.

To make a careful observation of the standing orders will perhaps be her first duty—the orders and rules that apply to her—those that apply to the nurses she will direct. After that will come the looking over the records and the details of the ward in general. It is well for her to understand that there is no detail that may pertain to the comfort of the patients, or the general well-being of the ward, for which it is not her business to be responsible, nothing so small that she can afford to be careless about it.

The periodical supervision of the condition of the beds is one matter that head nurses are inclined to overlook. It may as well be taken for granted that there will always be nurses, who, regardless of how thoroughly they have been taught, will be careless about their bed-making if they are allowed to be. In cases on which the spread is straight and neat, beds which to the superficial observer appear to be up to the mark, it will often be found that three or four days after an operation, the operating room stockings are still in a heap at the foot of the bed, and the towel that was pinned in place to protect the sheet while the patient was recovering from the anesthetic, is still there under the pillows, showing that the bed has not been thoroughly made in that

time. At other times, crumbs will be found, increasing the discomfort of a patient already worn with pain and restlessness.

Another matter that demands careful supervision is the trays. For that reason it is highly important that a head nurse should always be in her ward when regular meals are served. She is needed to see that the food is properly served, to note the appetite of the patients, to be sure that helpless patients or those confined to a recumbent position, are either fed, or have the food given to them, so that they can take it with the greatest ease possible for them. On a visit to a typhoid fever patient in a private room, recently, he was found with a good slice of broiled steak (which he was allowed to chew), cooling before him. He was absolutely confined to the recumbent position, and the thoughtless nurse had simply carried the piece of steak as it came from the kitchen, set it on the table, and walked out without cutting it, or in any way attempting to prepare it so that he could eat it. There are a great many thoughtless pupil nurses in the training schools of to-day, nurses who might be expected to display more real ability in managing such things, than they do. It is not enough that they are taught how, and when a thing should be done, but some one must be on hand to see that it is done.

How is the head nurse to do this if physicians persist in coming at meal time to make their rounds? In some of the leading hospitals in New York there is a standing rule posted in conspicuous places, to the effect that no physician who comes to do dressings or make rounds at meal time (the regular hours), is entitled to the assistance of a nurse. It is a wise measure that should be observed in every hospital. Once the doctors understand that such a rule is there, and will be enforced, they will adjust their hours to more convenient times.

The preparation of the diet sheet is another duty that falls to the head nurse. Usually these are prepared at night, sent to the superintendent to be signed, and when the sheets from all departments are collected, the quantities are aggregated and sent to the housekeeper. There are some few of the head nurse's duties that may safely be left to pupil nurses, but this is not one of them. Not long since, a superintendent found that a head nurse was actually requiring a probationer, as a routine practice, to make out the diet sheets, and order the supplies for the ward, while she attended to, what she considered, more important duties.

One of the most common errors to which head nurses are liable, is the doing of the actual duties that ought to be performed by the pupils, thus allowing them to depend on her to supplement their efforts, instead of supervising and teaching. This is one of the chief reasons for failure with some head nurses. Instead of using their brains to plan and systematize the work, and teach, they dabble in perhaps every duty the nurses have to do. If the nurse did not get round in time to dust the ward, they dusted it,

they cleaned cupboards, made beds, wrote up records, did whatever they saw to be done, and very soon the nurses learned that certain things might be left every day, and the head nurse would attend to them. In many cases it would certainly be easier to do the things, than to take the pains to instruct a novice in the art, or to plan a whole morning's work in detail, and show a nurse how to go about her work systematically and get through, but that is not training nurses.

In the matter of bed-linen a good deal of care needs to be exercised. There has been of late years an outcry from private homes about the extravagance of nurses regarding linen, a fault for which our hospitals are mainly responsible. There is a happy medium to be aimed at in this matter. Too great economy is never commendable, neither is extravagance. The laundry work in a hospital is always a heavy item. An investigation, recently, as to the reason for the constant cry of shortage of linen, in a certain hospital, showed that some nurses changed beds every time they gave a patient a bath, whether the linen was soiled or not. Clean folded sheets were used as pads under bedpans, and for various other irregular purposes, while the same kind of extravagance was discovered in the matter of towels. All the time the head nurse was there, seeing about treatments, personally directing the nurses in some matters, and entirely ignoring the question of linen, as though it was something for which she had no responsibility.

In the matter of regular household work and cleaning, a head nurse will save herself much needless anxiety by making out a schedule covering the entire department of which she has charge. Only thus can she hope to keep her section in good condition. If ward maids or nurses find that it makes no difference whether they sweep or dust before noon or after, embarrassments will constantly occur. When this schedule has not been made, it has happened that the ward has been undergoing a sweeping while the patients' dinners were being served—an actual fact, in this age of supposed sanitary intelligence. It is well also to remember that once duties have been assigned to Jane, they are not to be performed by Maria or by Peter, even if Maria and Peter are good natured enough to offer to do them. Ten chances to one, Maria and Peter are themselves neglecting something on their own schedule, while they are posing as kind-hearted individuals where they do not belong. When a heavy day comes the effect of good or bad management in this respect will be most in evidence. There are occasions when, perhaps, she can afford to excuse indifferent work, but no probationer or pupil nurse should get the impression that a head nurse is "easy going," and that slackness will be tolerated.

The necessity of having a place for everything and insisting that it be kept there, when not in use, is another matter that re-

quires frequent emphasis. Valuable time is wasted, tempers are ruffled, harsh words are spoken, often, because this rule is not adhered to in some hospitals. A night nurse, for instance, uses a hypodermic syringe, or a roll of adhesive plaster, drops it somewhere and forgets about it. The day nurse comes on, thinks she can go immediately and put her hand on it, and has to chase hither and thither searching for the missing article. Hypodermic needles are left without wires, and, next time they are needed, a new needle has to be sent for. When these things occur the fault lies very largely with the head nurses. They do not hold nurses strictly to account for these things, or follow up till they find the delinquent.

The daily inspection of refrigerators, ward lockers, table drawers, takes but a few minutes and goes a long way in keeping those out-of-sight corners in proper condition. In the matter of plumbing, too great care cannot be exercised to see that dressings or other insoluble matter are not allowed to obstruct the flow of water. Likewise the need of repairs should be promptly reported. When a screen is found broken, a rocking chair that needed but a screw to put it in order, a door that creaks, or that will not open or close properly, and a general run-down condition prevails, it is pretty plain evidence that the head nurse in that department is in the wrong place.

A point that sadly needs calling attention to is regarding the use of screens in wards. It would seem, from observation, that this laxity is more likely to be found in the large hospitals with large wards than in the smaller hospitals. Frequently the authorities of the hospital are to blame in that they have not supplied easily movable screens, or enough of them, but, it may safely be inferred, that if there was an urgent demand for more screens they would be provided. Many nurses are apt to be careless of this matter, and some will think nothing of giving a bath or exposing a patient for a perineal dressing in a ward without a screen. Even in walking down the corridors of some hospitals, a visitor will see ample evidence that laxity of this kind is far too common. It is bad for the nurse herself to allow her to be so careless, and it is certainly not conducive to the comfort of the average patient to be thus exposed.

The abuse of hospital supplies and appliances is one of the very frequent complaints heard. It is a point on which much depends on the head nurse. Eternal vigilance, with careful accounting for supplies, are the only ways by which those addicted to such carelessness can be made to feel their responsibility for the proper use of the appliances provided.

Every now and then, the announcement is made of the poisoning of a patient in the hospital, by a wrong dose of medicine. No head nurse who appreciates her responsibility, will ever allow herself to be guilty of carelessness where drugs are concerned,

neither will she tolerate carelessness in the nurses whom she directs. There are a few lessons that need to be repeated seventy times seven, or oftener, in a nurse's course. One of these lessons is regarding the precautions to be used in the handling of drugs. Teach them first, that there is an element of danger in every drug; teach them never to give or use a drug of any kind that is not labelled; never to give a drug in the dark; never to omit reading the label carefully and measuring the dose accurately; never to use a pill or capsule that has escaped accidentally from its container; never to give a medicine they have a shadow of a doubt about; teach first, last, and all the time, the necessity of being careful in reading the label; that it is not enough to glance at a bottle and see, the word "opium," for instance, without taking time to notice whether it was the tincture, or the camphorated preparation. Teach that they must not hastily jump at conclusions regarding doses, for instance, must not rush off and give two one-thirtieth grain tablets of strychnia, because one-sixtieth is ordered, and they happen to know that twice thirty is sixty. Teach these few principles thoroughly, drill them on them frequently, keep the most strongly poisonous drugs separate from the others, write orders clearly and distinctly, and such accidents will be few and far between.

One other detail on which head nurses are apt to fail is in the arranging of "off duty hours," for their nurses. On rare occasions when the work is specially heavy or in time of emergency it may be necessary to deprive pupil nurses of rest time that is rightfully theirs, but these occasions should be exceptional. No head nurse should feel it her privilege to retain nurses over the regular hours on duty for extra work, or to allow them to miss their time off without reporting to the superintendent why it was necessary. The custom of requiring head nurses to report each Saturday night, how much off duty time each of their nurses had had during the week, would help considerably, in securing for pupil nurses the time for study and recreation that justice to them demands. In many cases where nurses are habitually on over time, it may be traced to lack of system or bad management, rather than the usual pressure of work. If a head nurse cannot manage the work so as to give, unless in exceptional conditions, her nurses the time off they are supposed to have, the matter is one to be reported to the superintendent and possibly to the board for consideration.

A point which has caused embarrassment in many hospitals has been the neglect on the part of the head nurse to notify the superintendent when she herself was leaving the hospital for a few hours or an afternoon off duty. This, common courtesy and justice to the work of the hospital demands. No head nurse, who is really fitted to direct others, will be guilty of this failing, which is more than a breach of courtesy, it is a breach of trust.

CHARLOTTE A. AIKENS.

AN AVALANCHE.

Avalanches, fortunately, are not common in Newfoundland, but one occurred at Burin a few days ago which very nearly cost two of the inhabitants their lives.

The house in which they lived stood at the foot of a hill about one hundred feet high. Suddenly tons of snow and ice and stones came down from the hill, burying it many feet deep. The roof was swept off and crashed into a stable opposite, forcing in the wall and causing it to collapse.

The neighbors soon gathered and began to dig out the prisoners. After six hours' work, when a trench of thirty feet had been made, the house was reached, but there was no sign of the man or his wife, although moans were heard, showing they were alive.

After another hour's work they were found lying on their backs under the wall of the house, and the rescuers had to crawl in on hands and knees to where they lay. Their lives were saved by the wall resting on the stove and a barrel of flour. The woman had a bruise on her head where she was thrown ten feet, striking a chair and breaking it in pieces. Her right arm was terribly burnt and crushed, and when she arrived at the hospital it seemed probable that she would lose it. It was difficult to make her realize the necessity for this. She said: "It is all very well for you: you can pay some one to work for you, but who will keep me clean if you cut off my arm?"

She begged hard to have her husband put in the bed next her so that she could "only look at him." She had not seen him since the accident, as they had been taken to different houses, and was afraid he would not reach the hospital alive.

His burns were more extensive. When found, a kettle that was boiling on the stove was lying on the abdomen, with part of the stove and fire between his thighs, the right collar bone was broken and the right arm terribly crushed and burnt.

Both patients are doing well and likely to recover, though probably with useless right arms.

Winter seems only to have begun this month; snow-storms nearly every day, and—a most unusual occurrence—in the height of a snowstorm, thunder and lightning.

A patient with a fractured patella, brought a distance of eighteen miles, had to be taken out of the sleigh and carried over the "gulches," so bad were the roads in places.

OUR OWN CORRESPONDENT.



SWAN RIVER COTTAGE HOSPITAL.

The work of renovating the Cottage Hospital was completed this week and the result of the latest improvements is a credit to the management and especially to the taste of the Superintendent, Mrs. Mounsey. Our Hospital is an institution that a more pretentious town might be proud of and is conducted in a manner to reflect credit on the management. The latest improvements include decorating of the walls and ceilings of the office, dining-room and rooms for staff with white mural and the walls of the wards and kitchen with pale green sanitas and the ceilings of the wards with cream sanitas. The operating room is done with white sanitas and the wood-work painted white and the nails have been painted dark buff. The whole effect is bright and conducive to a cheerful state of mind.

Miss Lena Grey, a graduate of Worcester Memorial Hospital, after completing the four months' course in district nursing at the Ottawa Home, has accepted the position of district nurse at Brantford; the work will be carried on under the V. O.

Miss Viola Wallace, graduate of the Sick Children's Hospital, and V. O. Home, Toronto, has joined the staff of the V. O., Hamilton.

Miss Mary T. Keith and Miss Beatrice Pearce are leaving at once to take charge of the Lady Minto Hospital, at New Liskeard.

Miss Edith Ferdin leaves in a few days to fill the position in the Revelstoke Hospital, made vacant by the resignation of Miss Hattie McLean.

Miss Jean Douglas, graduate of Worcester Memorial Hospital, has accepted the position of assistant to Miss Hardy, at the Ottawa Home.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

As was noted in the last issue, in accordance with the invitation of Miss Brent, the regular monthly meeting of the Guild of St. Barnabas was held at the Nurses' Residence of the Sick Children's Hospital, on April 26th. The attendance was good, those present being the Chaplain, the Superior, and 8 nurses. One associate was admitted as member.

As it was not certain when Miss Wood, the General Secretary, would be in Toronto, no definite arrangement could be made for her visit. Miss Wood has been travelling in India, New Zealand, and Australia, visiting the different branches. Since our meeting we have heard that she will very soon arrive in Vancouver, so we hope to have her with us at our meeting early in June. The nurses are requested to make a special effort to be present, as Miss Wood's description of the methods of work in these countries, which, as being among heathen, must necessarily be different from ours, cannot fail to be most interesting and instructive.

After the service, the members were shown over the new residence. The building is most tastefully fitted up with everything to make a nurse's life easy and comfortable. Refreshments were served in the reception room.

The anniversary service will be held in June, over at the Summer Hospital of the Sick Children's Hospital. It is hoped that all members will attend if possible. Notice will be given later.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true garb;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

Who care

Only to quit a calling, will not make
The calling what it might be;—Who despise
Their work, Fate laughs at, and doth let the work
Dull and degrade them. —Jean Ingelow.

THERE is no duty we so much underrate as the duty of being happy.—*R. L. Stevenson.*

It is a great thing to have brotherly help in life. We all need each other. Not one of us could get on without others to share his burden.—*J. R. Miller.*

THE best romance becomes dangerous, if by its excitement it renders the ordinary course of life uninteresting, and increases the morbid thirst for useless acquaintance with scenes in which we shall never be called upon to act.—*Ruskin.*

OUR DAILY BREAD.—I hope, friend, you and I are not too proud to ask for our daily bread, and to be grateful for getting it? Mr. Philip had to pray for his, in care and trouble, like other children of men; to work for it, and I hope to pray for it, too. It is a thought to me awful and beautiful, that of the daily prayer, and of the myriads of fellow-men uttering it, in care and in sickness, in doubt and in poverty, in health and in wealth. *Panem nostrum da nobis hodie.* Philip whispers it by the bedside where wife and child lie sleeping, and goes to his early labor with a stouter heart; as he creeps to his rest when the day's labor is over, and the quotidian bread is earned, and breathes his hushed thanks to the bountiful Giver of the meal. All over this world what an endless chorus is singing of love, and thanks, and prayer. Day tells to-day the wondrous story, and night recounts it unto night. How do I come to think of a sunrise which I saw near twenty years ago on the Nile, when the river and sky flushed with the dawning light and, as the luminary appeared, the boatman knelt on the rosy deck and adored Allah? So as thy sun rises, friend, over the humble housetops round about your home, shall you wake many and many a day to duty and labor. May the task have been honestly done when the night comes; and the steward deal kindly with the laborer.—*W. M. Thackeray.*

The Canadian Nurse

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No. 7

Editorial.

THE CANADIAN NURSE IN PARIS.

Our readers are already aware that we are to be represented in Paris, by a member of our Editorial Board, Miss Bella Crosby, of Toronto. The high respect in which Miss Crosby is held by the profession, and the services she has already rendered as a member of various Nurses' Associations, and especially as the President of the Central Registry of Nurses in Toronto, which is almost, if not quite, the largest organization of nurses in Canada, in point of members, make the choice of her as our representative in Paris a peculiarly fortunate one, and all our readers will join in wishing for her a pleasant and profitable visit to Paris and a safe and speedy home-coming. We know that she will represent us well.

A GRADUATE NURSES' CLUB FOR TORONTO.

Toronto proposes in the near future to follow the good example of Montreal and other cities, and have a Club-house for nurses. To this end, as our readers will see on another page, the Graduate Nurses' Club has been organized and steps taken to provide the necessary funds. In the first instance, an entertainment is to be given in the Grand Opera House, which, it is hoped, will be very successful. It is thought that not less than \$15,000 will be required, in order to purchase, or erect, a suitable club-house. The Toronto Central Registry of Nurses has done good work both in Toronto, and in time of need, in other parts of Canada, and it is, of course, intended that this and all other Nurses' Associations and organizations who wish shall make their home and headquarters for Toronto at the club-house. The present office is, 644 Spadina Avenue. We heartily commend this project to our readers, and wish it the greatest success. The following is the list of officers:—Miss Lucy Bowerman, President, 349 Sherbourne Street; Miss Kate Mathieson, 1st Vice-President, Isolation Hospital; Mrs. A. Paffard, 2nd Vice-President, Poplar Plains Road; Mrs. R. H. Greer, Secretary, Bain Avenue; Miss E. Argue, Treasurer, Victoria Memorial Hospital. Directors:

Miss Brent, Sick Children's Hospital; Mrs. Yorke, 400 Manning Avenue; Miss Mary Gray, 505 Sherbourne Street; Miss Josephine Hamilton, 262 Jarvis Street; Miss Graves, St. Michael's Hospital.

NEW POSTAL REGULATIONS.

The Dominion of Canada and the United States have made a new agreement in regard to postal regulations, the consequence of which is that Canadians will have to pay more for magazines published in the United States and *vice versa*. THE CANADIAN NURSE has about 200 subscribers in the United States, and as it is probable that each magazine is read by at least five persons, we have over 1,000 readers in that friendly and hospitable country, bound to us by so many ties. Since the new postal law is made, it must be obeyed, and that means we have to pay two cents extra every month on every copy we send to the United States. We regret that, therefore, we must now charge for postage. The annual subscription to THE CANADIAN NURSE in future for subscribers in the United States will be \$1.25.

WE WELCOME CANADA.

In these kind words the *British Journal of Nursing* announces to its readers the appointment of Miss Crosby: "THE CANADIAN NURSE has appointed Miss Bella Crosby as its representative at the Conference. This lady will attend and present the report in the Professional Press section, of THE CANADIAN NURSE. This journal, which is published monthly in Toronto, is rapidly becoming the recognized organ of trained nurses all over the vast Dominion. It is sound on State Registration, professional organization, and all the higher aims and ideals, without which no profession can obtain the public confidence and retain its respect. We welcome Canada."

THE RICHMOND MEETING.

The 1907 annual meeting of the Nurses' Associated Alumnae, U.S.A., will be memorable. First, the meeting took steps to assist in the endowment of a Chair of Nursing at Columbia University, \$4,000 being promptly subscribed. Secondly, a resolution was passed that Alumnae Associations should ask for representation on the Boards of their respective Training Schools. These are matters of growing importance, and the Alumnae are to be most cordially congratulated on their action.

Editorial Notes.

CANADA.

Iodine Spirit Catgut.—This is now being used a good deal in hospitals in Toronto and elsewhere. It is also in vogue in Great Britain, and in the Johns Hopkins and other American hospitals.

ENGLAND.

A Model Maternity Hospital.—The new London Lying-In Hospital is said to be a perfect building. The floors are of soft and silent Terrazo, there are no corners, because the walls and window-frames are all rounded to meet. The paint is pale, the air filtered, the doors are of teak and swing noiselessly. The babies' bathing room, designed by the matron, Miss Fox, has eight small enamelled baths, with a little stool for the nurse in front of each. There are pedals to turn on the hot and cold water and various other up-to-date devices.

Hospitals as Schools of Health.—Everybody now-a-days is thinking that hospitals should be centres of education in matters of health and disease; *e.g.*, the following lovely Cockney tales from the *Nursing Times*: "Two patients admitted into the Medical Mission Hospital, Canning Town, complained bitterly of the open windows, and anticipating neuralgia, implored the nurse to shut them. 'No, I cannot shut the window without doctor's opinion,' was the reply. The windows never *did* get shut, and in three weeks' time, as the patients left, one remarked, 'Well, there, Miss, I'm sorry for my poor 'usband—he do like a cosy 'earth, 'e do; but I means to get them windows open afore I'm a day older'; whilst the second patient remarked placidly, 'Well, Miss dear, if yer 'ears of me being separated, ye'll know it's open windows as 'as done it.'"

IRELAND.

The Belfast Nurses' Missionary Union.—Miss Finch-White delivered an address at the last bi-monthly meeting of the Union, in the course of which she said: "The wonder to me is that more nurses do not go abroad, we need not fear the life, for it is full of interesting professional work and heart-stirring effort for our less fortunate sisters."

The Rotunda.—The latest report of this celebrated Dublin Hospital shows that 4,158 women were attended during the year. A great deal of conscientious and scientific work is done by the medical and nursing staff. Besides being cared for, the patients are educated in the care of themselves and their infants, and great pains are taken to communicate with their friends. When they leave the hospital they are driven home free of expense. It is stated that the cost is not one quarter of that in the English maternity hospitals.

SCOTLAND.

An Association of Superintendents.—It is hoped that before long there will be such an Association in Scotland. There are now four such in Great Britain—the Matrons' Council, the Irish Matrons' Council, and two Associations, Northern and Southern, of Queen's Nurses' Superintendents.

The New Glasgow Samaritan Hospital For Women.—This is now the largest hospital for women in the United Kingdom, containing 86 beds. The new wing was opened recently by Lady Blythswood.

AUSTRALIA.

An Australian Nurse in Canada.—Nurse Gertrude N. Wilshire, of the Philip St. Nurses' Home in Sydney, and now of the Vancouver Graduate Nurses' Association, in Vancouver, sends a very interesting letter to the *Australasian Nurses' Journal*, describing her early experiences in Canada. She says, *inter alia*, "Canadians, I think, are really the most hospitable people I have ever met; the women-folk the most wonderful house-wives."

SOUTH AFRICA.

English Head Nurses.—The Kimberley Hospital authorities "on account of the small minority of probationers who go on registration, and the still smaller minority who qualify for the more responsible posts" have reluctantly been obliged to send to England for Ward Sisters.

FRANCE.

A Nursing School.—Dr. Anna Hamilton, Directrice of the Maison de Santé Protestante de Bordeaux, has just presented the 44th annual report. The medical superintendent, Dr. Dupond, speaks of the unwearied zeal and devotion of the nurses "under the firm and intelligent direction of my distinguished colleague, Mlle. le Docteur Hamilton."

JAPAN.

Private Nursing.—A correspondent of the *Nursing Times* says private nursing does not differ greatly from private nursing in England. Maternity cases predominate. The climate is damp, but late autumn and early winter days are sunny and bracing. Japanese servants on the whole are good, specially attentive in sickness and devotedly attached to infants.

EGYPT.

Egypt.—Lord Cromer's last official report is full of medical interest. The Anti-Rabic Institute, in eight months, treated 451 patients, of whom only four died of rabies. Sir Ernest Cassels' Ophthalmic Hospitals healed during the year, 7,000 new patients. Three large hospitals are being built in the Soudan, and a dispensary for children has been opened in Cairo. Lord Cromer's retirement, owing to ill-health, closes a career which has done more for Egypt than any other statesman's career there since the time of Joseph.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnae Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnae Association.

The Galt General Hospital Alumnae Association.

The Guelph General Hospital Alumnae Association.

The London Victoria Hospital Alumnae Association.

The Kingston General Hospital Alumnae Association.

The Montreal General Hospital Alumnae Association.

The Montreal Royal Victoria Hospital Alumnae Association.

The Ottawa Lady Stanley Institute Alumnae Association.

The St. Catharines General and Marine Hospital Alumnae Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnae Association.

The Toronto Grace Hospital Alumnae Association.

The Toronto Hospital for Sick Children Alumnae Association.

The Toronto Riverdale Isolation Hospital Alumnae Association.

The Toronto St. Michael's Hospital Alumnae Association.

The Toronto Western Hospital Alumnae Association.

The Winnipeg General Hospital Alumnae Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia

Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representative of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss F. A. Harris, Miss J. Connell, Miss E. K. Parker, Miss K. E. Hearn, Miss E. A. Rutherford.

POSTINGS AND TRANSFERS.

Matrons.—Miss H. McCurdy, to M. Hp., Canterbury, from M. Hp., Gosport; Miss J. Hoadley, R.R.C., to M. Hp., Curragh,

from M. Hp., Canterbury; Miss S. L. Wilshaw, R.R.C., to M. Hp., York, on return from Egypt.

Sisters.—Miss J. W. Wilson, to M. Hp., Dover, from M. Hp., Gosport; Miss B. F. Perkins, to the Q. A. M. Hp., Millbank, London, on return from Malta; Miss M. E. Neville, to R. I., Dublin, on return from Malta; Miss M. Worthington, to the Q. A. M. Hp., Millbank, London, from M. Hp., Colchester; Miss G. Knowles, to M. Hp., Colchester, from the Q. A. M. Hp., Millbank, London; Miss B. S. Vaughan, to C. Hp., Aldershot, on return from South Africa; Miss E. C. Cheetham, to South Africa, from M. Hp., Curragh.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss. C. H. E. Gerahty, Miss J. H. Congleton, Miss M. Tedman.

ARRIVALS.

Miss S. L. Wilshaw, R.R.C., Matron, from Egypt.

C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

THE annual graduation exercises of the Training School for Nurses at the Hospital for Sick Children, Toronto, were held in the Nurses' Residence on June 8th, 1907. Among those present were the Chairman, Mr. J. Ross Robertson, Rev. Canon Welch, Mr. Cockshutt, Dr. Bruce-Smith, Dr. McPhedran, Mr. Cameron and Dr. Primrose. The Chairman, in his address, stated that there had been 250 applicants during the year, of whom 80 were accepted, and 34 entered the school, of whom 18 were finally accepted. Mr. Robertson also gave an outline of the history of the school during the past year, describing several important changes. Addresses were given by Canon Welch, Dr. Bruce Smith, and the Superintendent, Miss Brent, who announced the foundation of three scholarships by Mr. John Ross Robertson. These were awarded as follows: Senior, Miss Hattie Leech, \$50.00; Intermediate, Miss Amy, \$30.00; Junior, Miss McNeil, \$20.00. The names of the graduates are: Miss Hattie A. Leech, Toronto; Miss May McPherson, Peterboro; Miss Ida W. James, Brampton; Miss Lena Ross, Montreal; Miss Marcia Nichols, Oakville; Miss Letta Fellows, Ottawa; Miss Alesemon Gilby, Appin; Miss Viola Wallace, Woodbridge; Miss Annie MacDonald, Peterboro. The Superintendent's prizes for proficiency were presented by Mrs. J. Ross Robertson to the winners, Miss Leech and Miss Nichols. At the close of the exercises, refreshments were provided and dancing was enjoyed by the nurses and their friends till nearly midnight.

The Contributors' Club.

Catalogue of the Medical Library, Maria Louisa Robertson
Nurses' Residence, Hospital for Sick Children, Toronto.—
(Continued.)

113—Surgical Nursing	Voswinkel
114—Physiology and Hygiene.....	Hutchison
115—Food for the Sick.....	French
116—Chemistry, Conversation on.....	Ostwald
117—Bacteria, Yeasts and Molds.....	Conn
118—Toxicology	Riley
119—Nursing, Notes on.....	Nightingale
120—Feeding of Infants.....	Cautley
131—House, The Care of the.....	Clark
132—Obstetrical Technique	Cook
133—Food in Health and Disease.....	Yeo
134—Diet in Disease.....	Pattee
135—Surgical Nursing	Howard
136—Anatomy and Surgery, Elementary, for Nurses....	Eccles
137—Gynæcological Nursing	Stewart
138—Surgery, Notes for Nurses.....	Bell
139—Medicine, Lectures for Nurses.....	Cuff
140—Invalid Cooking, Handbook.....	Bolland
151—Chemistry, Briefer Course.....	Remsen
152—Urine, Examination of.....	Saxe
153—Surgery, A Handbook of.....	Griffith
154—Medicine, A Practice of.....	Hughes
155—Chemistry, Elementary Course.....	Remsen
156—Helps and Hints in Nursing.....	Griffith
157—Nursing, A Handbook of.....	—
158—Fever Nursing	Wilson
159—How to Feed Children.....	Hogan
160—Cook, How to, for Sick.....	Sachse
171—Maternity, Infancy, Childhood.....	Keating
172—Mother and Child.....	Davis
173—Fat and Blood.....	Mitchell
174—Nursing Ethics.....	Hampton Robb
175—Obstetrical Nursing	Tuley
176—Diseases of Children, A Manual of.....	Ruhrah
177—Nurses' Text-book, for Training Schools, Part I....	Wise
178—Nursing, A Text-book of.....	Weeks-Shaw
179—Urine, Practical Examination of.....	Tyson
180—Medical and Surgical Nursing.....	O'Brien
191—Nervous and Insane, The.....	Mills
192—Medicine, A Manual of the Practice of.....	Stevenson

(To be continued.)

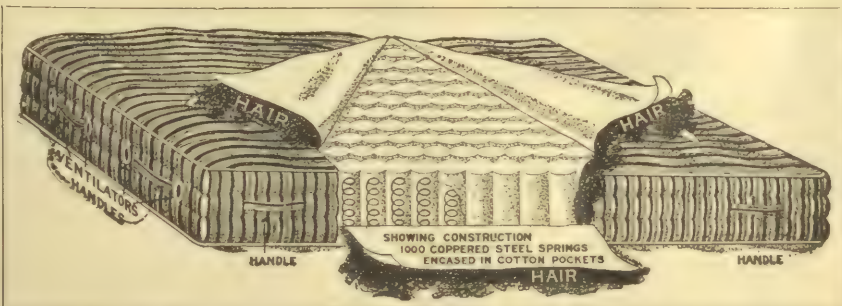


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Correspondence.

FROM A WINNIPEG GRADUATE.

To the Editor CANADIAN NURSE, Toronto:

DEAR MADAM,—Kindly allow me to express my appreciation of THE CANADIAN NURSE.

Heretofore we have been obliged to depend on American publications, and I am sure we are delighted to have a journal of our very own, and especially so as it has proved to be such a good one. I am trying to gain subscribers.

Believe me,

Yours sincerely,

FROM AN OTTAWA NURSE.

THE CANADIAN NURSE, Toronto:

DEAR MADAM.—Thank you very much for stamps in place of January and February numbers of THE CANADIAN NURSE. I find the March and April numbers arrived at my room on April 8th. I am very much pleased with them, it is so nice to have a good Canadian nursing journal, and this has been so much improved since I last saw one (about a year ago). With best wishes for success.

Yours very sincerely,

FROM NEWFOUNDLAND.

MY DEAR MISS HARGRAVE,—I am so sorry that I have not been able to write to you before, but sometimes it seems impossible to sit down and think what to write. The work here is so constant that it is very difficult to write other than home letters. Lately I have been busy ordering a complete list to furnish a "Guest House," which Dr. Grenfell is going to have here this summer. I have yet to make out a list of provisions for it. Then I have been on two Komatik journeys to see some sick people in the absence of the Doctor, who was travelling in another direction. I shall send you an account of it later on. Miss Mayou, who was to have gone to Harrington, is staying at the orphanage. She is learning weaving and basket-making, so that she may teach the people at Harrington. She also helps in operations and took charge of the hospital when I went away.

Believe me,

Yours sincerely,



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THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

When ordering, please state waist measure and length of apron required.

THE CAP is made of muslin, with two frills and double border, edged with lace, each 12½c. Other styles and prices in stock.

COMFORT HOT WATER BOTTLE, finest red rubber, \$1.35, \$1.60, \$1.85, \$2.15 according to size.

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TORONTO. CANADA

Hospital and Training School Department

MISS O'CONNOR, of the Hamilton branch, V. O., is taking a three months' vacation.

THE Government of Newfoundland intends to re-model the Provincial Hospital at St. John's.

DR. CHARLES ST. PIERRE has been appointed house surgeon at Notre Dame Hospital, Montreal.

MISS HOULIHAN leaves June 10th to assist Miss Heales in the Lady Minto Hospital, Melfort, Sask.

MISS MARGARET LYNNOTT, graduate of Water St. Hospital, Ottawa, has been accepted as a V. O. nurse.

TORONTO needs a new hospital, inasmuch as there is now no hospital where cases of measles will be admitted.

DR. WALTER M. ENGLISH, of London, has been appointed Superintendent of the Hospital for the Insane at Hamilton.

It is proposed to found an Infants' Hospital in Montreal, in order to arrest the great wastage of infant life in hot weather.

Miss Elizabeth Hagan has been obliged, on account of illness in her family, to resign her position in the hospital at North Bay.

DR. D. W. McKECHNIE has resigned from the Resident Staff of the Royal Victoria Hospital, Montreal, and will take up private practice in the Montreal Annex.

THE Superintendent's recent weekly report for the Montreal Protestant Hospital for the Insane shows nine new patients admitted, two discharged cured and five deaths.

MISS LAURA MCGILLIVRAY, a graduate of the Barrie Hospital, has accepted a position in the Galt Hospital, Lethbridge, Alberta. We wish her great success in her new position.

THE Montreal Foundling and Baby Hospital, 43 Argyle Ave., has just held its 15th annual meeting. The Medical Staff and the Board of Directors comprise both Protestants and Roman Catholics.

MISS K. I. STEWART, a graduate of the Winnipeg General Hospital, and late of the New York General Memorial Hospital, has been appointed lady superintendent of the Masonic Hospital, at Morden, Man.

THE Board of Health of Hamilton and a special committee of the Hamilton City Council are endeavoring to find a suitable site for the new Isolation Hospital, as it is not thought wise to erect it on the present hospital grounds.

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**Swedish Movements, Medical and
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Term : 3 Months Tuition Fee : \$60.00

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be commenced at the same time and
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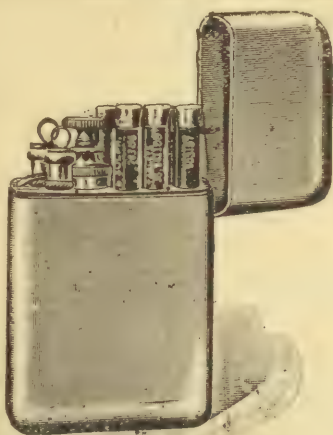
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PHONE M. 306

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DR. H. M. PATTON, of the Mount Royal Sanatorium, Dominion Square, Montreal, Canada, is taking a special course in physiological therapeutics, at the Pennsylvania Orthopædic Institute, Philadelphia.

"JAPPYLAND," a *mélange* of selections from "The Mikado," was given recently at the Theatre Francaise, of Montreal, in aid of the funds for the new Nurses' Home of the Western Hospital. It was in every way a pronounced success.

THE Montreal Children's Memorial Hospital is to have an addition, to be known as the "Maxwell Teachers' Memorial Wing." A very successful concert was given for the benefit of the funds recently in the High School Hall.

THE Hon. Treasurer of the Montreal Western Hospital has received several handsome subscriptions, *viz.*, Miss Mary Dow, \$8,000, Mr. Peter Lyall, \$5,000, Mr. John Murphy, \$1,000, and Messrs. Drummond, McColl & Co., \$1,000.

A GREAT many private nurses are sending for the book on Invalid Cookery. Here is one: "Am enclosing one dollar for a couple of the books on 'Invalid Cookery,' which I see advertised in the May number of THE CANADIAN NURSE.

THE Minnedosa, Man., Hospital Fund has now reached \$7,000, and H. S. Taylor, Esq., chairman of committee, has called for tenders for a site. The site must comprise one or two acres, and be within easy access of the Little Saskatchewan River.

MRS. C. R. H. WARNOCK, of Galt, Ont., has inaugurated, on behalf of the Municipal Aid Society, a new plan of campaign for the benefit of the hospitals. She and her assistants are collecting one mile of coppers for this purpose. It takes 63,360 coppers to make a mile.

THE Canadian Red Cross Society is to be re-organized. Colonel J. W. Gibson is President, and Major C. A. Hodgetts, A.M.S., Secretary. The delegates to the Eighth International Red Cross Conference in London, June 10 to 15, will be Col. Gibson and Col. Ryerson.

THE Hospital Governors in Hamilton have decided to charge semi-private patients for extras and to utilize the fire-escapes for fresh-air wards. Mrs. George Roach has offered to furnish the nurses' dining-room in the new wing, an offer that was cordially accepted by the Governors.

THE Sick Benefit Fund of the H. S. C. will likely profit largely by the successful sale of the Invalid Cookery and Infant Feeding, prepared under the supervision of the medical staff and the Dietitian of the hospital. Among recent sales reported are twelve copies for Owen Sound, Ontario.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

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MISS MARION A. TAYLOR, R.H.K. ('01), M.G.H. ('05), has been appointed Staff Nurse of Miss Alston's Private Hospital, New York City, N.Y.

CONFERENCES are now being held between a special committee of the City Council, Victoria, B.C., and the Governors of the Provincial Royal Jubilee Hospital, of Victoria, in connection with the proposal that the Governors should take over the management of the City Isolation Hospital.

THE Manitoba Sanitarium for Consumptives will, it is hoped, soon be erected, as \$30,000 has been already subscribed of the \$75,000 required, and a site committee are actively at work. The report of Dr. Beel, Provincial Bacteriologist, shows that there are 250 cases of tuberculosis in Manitoba annually.

HALIFAX is to have an Infants' Hospital. The *Halifax Chronicle* strongly supports the proposal and points out that whereas the normal death-rate of the city is only about 120 per week, the death-rate of infants alone from June to August is 100 per week. It is intended that the hospital shall be a school for mothers, as well as a hospital for infants.

WE learn with great regret that Dr. Gilbert Tweedie, so long identified with the work of Riverdale Hospital, has resigned the position of Superintendent on account of ill-health. The Doctor and Mrs. Tweedie recently celebrated their golden wedding, a very happy occasion, and we join with all their friends in the hope that rest and freedom from his onerous professional duties will restore him to good health.

NURSES abroad who take THE CANADIAN NURSE are sending for the H. S. C. book on Invalid Cookery. A letter from Los Angeles, Cal., says: "Will you be so kind as to send me a copy of the new book on Invalid Cookery. I noticed it mentioned in my last CANADIAN NURSE. It is a subject on which many nurses are poorly qualified, and none of us can be too efficient in that line. You will oblige me greatly by sending it real soon to the above address. Yours sincerely, Annie B. Wall."

MISS A. MAUD M. CRAWFORD has returned from her winter in Scotland, we are delighted to learn, quite well and strong again, her native air and the salt water having, as usual, done wonders. Her wedding, to Mr. Hamilton, of Calgary, is announced for June 29th, at Winnipeg, and will be very quiet, only relatives being invited. After a wedding journey to the East, which will, we hope, include Toronto, the bride and bridegroom will leave for their new home in Calgary.

DR. ROBERT E. WODEHOUSE, at present a member of the House Staff at the H. F. S. C., Toronto, has been appointed Medical Superintendent of the Riverdale Hospital. We offer our congratulations on this important appointment, and wish

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the new superintendent, who has already had more practical experience than falls to the lot of most recent graduates, every success. Dr. Wodehouse entered Trinity in 1902, and since graduation has been engaged in hospital work at Sarnia, Buffalo and Toronto.

RECENT letters from Dauphin, Man., contain interesting accounts of the progress of Dauphin General Hospital Training School for Nurses, under the able management of Miss Brereton, the Lady Superintendent, whose services are highly appreciated. In this connection we desire to correct a mistake in our May number, in which, by some means, the Dauphin General Hospital was confused with another hospital, and an incorrect statement made in regard to the name of the Lady Superintendent.

INVITATIONS have been issued by the trustees and officers of Lakeside Hospital, Cleveland, to the Commencement Exercises of the Seventh Graduating Class of the Training School for Nurses, on May 23rd. Among the graduates are: Misses Mary Robertson, of Everton; Isabel Lillico, of Peterboro', and Emma A. Hawley, of Napanee. Miss Hawley has further distinguished herself by winning two prizes—a special prize from the hospital, and the general prize for practical and theoretical standing. Miss Gertrude E. Burgham, of Chatham, has won the 2nd prize among the first year students.

TWENTY students, twelve of them being trained nurses, of the second section of the Fall class, 1906, and of the Winter class, 1906, of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorp.) 1711 Green Street, Philadelphia, received their diplomas at the end of the term. Among them were, in Massage, Gymnastics, Electro and Hydro-Therapy: Mrs. Margaret G. Moore, Pasadena, Cal.; Mrs. Caroline Beer, Paris, France; Miss Emily Traiforos, Manchester, England; Mrs. Anne Goebell, New York. In Massage and Gymnastics: Miss Lydia Hunter, Montreal, Canada.

ON Saturday, May 18th, a public meeting of nurses was held in the theatre of the Normal School to make further plans for the "Toronto Graduate Nurses' Club," and to distribute tickets for the show given under the auspices of the club, in the Grand Opera House, on June 10, 11, 12th. Owing to the usual circumstances in a trained nurse's life, only about thirty were able to be present, but as these were all enthusiastic in the work, much progress was reported. About ten new names were secured for the Club, one nurse showing her faith in the future of the Club by subscribing for ten shares. The shares are \$5 each, to be paid when the stock certificates are issued. Sixty nurses have thus far subscribed for shares, which is considered to be very good considering the difficulty in getting many nurses together

First Showing of the Spring Embroideries at Simpson's



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TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

Cambric Embroideries. Cambric Embroideries from 1 inch to 5 inches wide, per yard, **5c to 50c.**

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"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c to 85c.**

Corset Covers Embroideries. Corset Covers Embroideries, in Cambric, Nainsook and Swiss, 16 inches wide, per yard, **25c to \$1.25.**

All-over Embroideries. All-over Embroideries, in Swiss, Nainsook and Cambric, 22 inches wide in the small dainty "baby" effects; also "Blousing" in handsome designs in "eyelet" blind and "shadow," per yard, **\$1.00 to \$3.50.**

Blousing Insertions. Insertions in Cambric, Nainsook and Swiss for "blouses" in all the latest patterns, immense assortment in "shadow," "blind" and eyelet effects, 2 to 6 inches wide, per yard, **25c to \$1.50.**

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at one time. The Club is now incorporated and has a regular legal standing, being able to hold property and transact business as a company. The next work is the building of a club house, and toward this end Prof. Crocker's troupe of trained horses and ponies was secured to exhibit in the Grand Opera House. The nurses made enthusiastic canvassers for tickets. Most of their friends were glad to help in the project, as the idea of a nurses' club house built on approved plans seems to be quite popular. We can thank our friend, Mr. J. Ross Robertson, for much of this feeling, as his generous gift of the Nurses' Residence to the Sick Children's Hospital has put new ideas of the requirements of nurses into the public mind.

OUR readers will be interested in seeing what six superintendents of hospitals said when they got the H. S. C. book on Invalid Cookery. "Dear Madam: I send you the amount for your text-book of 'Invalid Cookery and Infant Feeding.' We think it will be a great help to us. I remain, yours sincerely."

"I think it very good indeed, and am sure it will be of great help to nurses in private practice."

"I will take pleasure in speaking of it to our Alumnæ and pupil nurses."

"I am very glad to have your recipe book. It is excellent and very nicely gotten up."

"The book is both useful and neat, just the thing for private practice."

"I think it a very useful book and am quite pleased to have it."

THE ABERDEEN HOSPITAL, of New Glasgow, Nova Scotia, has just published its tenth annual report, and a most interesting report it is. The ordinary revenue is about \$10,000, and the expenditure on the new building is double that sum. We notice a number of bequests, and also that over a thousand dollars has been received from the Talent Fund, while the Ladies' Auxiliary have given \$1,300 towards the furnishing of the new wing. This new wing is modern, beautiful, and magnificently equipped. We wish our space would allow a full description, but we must content ourselves with mentioning the oak wainscoting, the solid oak doors, the white and blue tile floors, the white enamel, the hospital base, the red brick open fire-place, the telephone system, the hydraulic lifts, the sun room, the diet kitchen, the linen closet, and the library. The hospital is said to be the finest in the Maritime Provinces and one of the best in Canada. We have pleasure in adding a few brief extracts from the report: "Away from the busy strife and bustle of the town on high grounds, on a commanding situation, on the West Side, is situated the Aberdeen Hospital. It is an ideal spot. Here patients, not only from New Glasgow, Trenton, Stellarton, Westville, and the country

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round, but also from the surrounding counties, find a quiet retreat, and at the same time know that the treatment they receive is of the highest order. The hospital is in charge of Miss Sheraton, Matron of the Institution, since its opening, and a most capable and thorough Superintendent, who has the absolute confidence of all. Under her are a head nurse, and a staff of ten nurses. The hospital is under a Board of Management of men of honor, of philanthropic spirit, and of the best standing in their own communities, and is a source of pride and comfort to the citizens of New Glasgow and surrounding districts, and is a monument to the wisdom and foresight of its founders, and to the liberality of the good people of this and surrounding districts. The plan of the hospital may be described simply as a hollow square with the series of buildings round. The top floor over the new wing is devoted entirely to the nurses' quarters. At present there are on duty in the hospital thirteen nurses in training and one graduate nurse. Three years is the course for nurses. They are given instruction in surgical operating, medical nursing, district nursing. They require to pass an entrance examination and must have at least a good common school education."

THE twenty-fifth graduating class of the Training-school for Nurses of Toronto General Hospital was twenty-nine in number—Misses Millie C. Allen, Alliston; Evelyn Lucretia Beatty, Toronto; Berta Brydon, Little Current; M. A. Beatrice L. Ellis, Doaktown, N.B.; Effie M. Feeny, Toronto; Katherine M. Forrest, Toronto; Grace A. Gray, Eden; Rose Hally, Toronto; Ada W. Hammell, Beeton; Lella D. Harper, Uxbridge; Blanche L. Harrington, Wellington; Mary Jackson, Woodstock; Alice M. Johnston, Dartmouth, N.S.; A. Thyra B. Jordan, Perth; Alice B. McLeod, Toronto; Margaret McKay, Aberfoyle; May A. McLeod, Manitowaning; Kate Mitchell, Toronto; Louisa Morrison, Ashgrove; E. A. Offord, Galt; Margaret J. Riddle, Kirkwall; Kate G. Ross, Elora; Minnie H. Samson, Chatham; Annie T. Scadding, Toronto; Jessie T. Scott, Strathelyde, Barbadoes; Adelyne M. Skinner, Schomberg; Emmaline E. Smillie, Salem; Jennie E. Smith, Aurora; Clara L. White, Toronto. The graduating exercises took place on June 14th, at 3.30 p.m., and a most pleasant afternoon was spent, the formal proceedings being followed by a garden party. The report of the Superintendent, Miss Snively, was, as usual, the feature of chief interest. Addresses were given by the President, Dr. J. W. Flavelle, and Mr. Irving H. Cameron, F.R.C.S. The following is the list of prize-winners: Special prize of \$50, offered by Mr. J. D. Patterson, of Woodstock, for excellence in application of Principles of Aseptic Surgery, Millie C. Allen, Alliston, Ont. Special prize of \$25, offered by Training School Alumnae, for best Essay on "Care of Typhoid Fever Patient" (name announced later). First prize, General Proficiency, offered by Dr. Charles O'Reilly,

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Evelyn L. Beatty, Toronto. Second prize, General Proficiency, offered by Mrs. Walter S. Lee, Millie C. Allen, Alliston, Ont. Third prize, General Proficiency, offered by R. L. Patterson, Todmorden, Effie M. Feeny, Toronto. Special prize, Practical Nursing, offered by Dr. J. N. E. Brown, Minnie H. Samson, Chatham; Emmaline E. Smillie, Salem, Ont. Special prize for neatness and order in bed-room, offered by Mrs. R. B. Hamilton, Beatrice Ellis, Doaktown, N.B.; E. A. Offord, Galt, Ont.

THE second annual meeting of the Toronto Central Registry was held on Saturday, June 1st, in the Forester's Building, and was followed by one of the pleasantest and most cordial receptions of the season. The year has been a most successful one and there are now 234 names on the registry list, including representatives from the five training schools in Toronto, as well as from several English hospitals, the Montreal General, the Royal Victoria, the Winnipeg General, the Roosevelt, the New York, the Johns Hopkins, and other American hospitals, and a large number of Ontario hospitals. Last year the number of calls was 558, and this year there were a thousand more than last, showing the need the registry fills. The income from registry fees was \$1,280.50, and the expenses, \$1,049.96. A fund is to be established to pay for cases of emergency, such as one which occurred last winter, when a nurse was supplied and paid for by the registry to an out-of-town patient suffering from a contagious disease, unable to pay. Mention was made of the death of Miss Haldenby, of Grace Hospital, Mrs. Cranfield and Miss Craig, of the Toronto General, and Miss Sutton, of Detroit Hospital. The scope of the registry has been much enlarged, three nurses and a housekeeper having been sent to Cleveland, a supervisor to Cincinnati, an assistant head nurse to Grand Rapids, Mich., an assistant nurse to West Chester, Penn., and two head nurses to Northern Ontario. Charts are now kept on hand, which may be procured by nurses at reduced rates. A trained dietitian, who will on short notice supply orders for invalids' diet, will be added to the staff of the Registry. Another addition is the nurse for surgical operative work, whose services may now be had. Miss Ewing, Acting Convener of the Registry Committee, in the absence of Miss Crosby, who is travelling abroad, presided in a very acceptable manner. The chief feature of the programme was, of course, the report of the Registrar, Miss Barwick, from which the above items are taken. The programme was preceded by an Invocation, pronounced by the Rev. Father Minehan, who afterwards made a few witty and sympathetic remarks to the nurses. Miss Ewing welcomed the large audience in a few well-chosen words, and two papers, the first by Miss Patton, Superintendent of Grace Hospital, on "Nursing Ethics," and the second by Miss Gladys Owen, of St. James' Parish, on "Parish Nursing," were also given. Mr. R. A. Greer, by request, gave a brief account of the finances up to that date in

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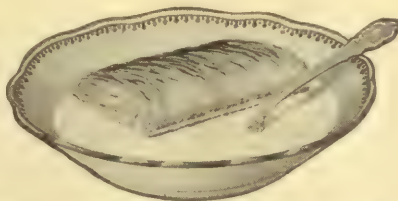
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connection with the Grand Opera House entertainment for the benefit of the Nurses' Club House, on June 10-12, and Miss Bowerman, President of the Toronto Nurses' Club, gave an interesting account of the foundation and objects of the Club. The Reception, as we have already said, was a most friendly and pleasing social gathering. Everyone stayed and everyone enjoyed herself. Miss Lawler was requested by the Registrar to cut the Second Birthday Cake, a duty which she performed to the satisfaction of all, upon which the cake was pronounced excellent. The Registrar, Miss Barwick, and her committee, have done great service to the nursing profession, and the success of their work shows how much it was needed. Long may it flourish in the new Club House! Miss Maud Barwick has been appointed Assistant Registrar.

WE are indebted to Miss R. MacDonald for the following interesting account of the hospital, Indian Head, Sask.: Some three or four years ago a woman was taken ill here in one of the hotels. The people of the hotel were too busy to take care of her, and as she was helplessly sick, she was dependent on the neighbors who were kind enough to come in at intervals and wait upon her; but even the best they could do under the circumstances was but poor nursing service, and the woman died. Of course she might have died had she had the very best of care; but this case and several others which came under the notice of the people here put it into the minds of some to have a little hospital. Accordingly a few months later when Miss MacLeod, then Chief Lady Superintendent of the Victorian Order, made a visit to the town, the building of a small hospital, with the aid of the Victorian Order, was talked about, and really decided upon. Later, however, the people of Indian Head thought they would rather have the hospital independent of the Victorian Order, and so decided to build one themselves, but requested the Victorian Order to supply nurses, which they did. We have now a hospital owned by the people of Indian Head and vicinity, but the staff are all Victorian Order nurses. It was in January, 1905, that the Indian Head Hospital, then called Lady Minto Hospital, was opened. It was built to accommodate eleven patients, having two small wards each for three beds, one for two beds, and three private rooms. The building is a very convenient one, the patients occupying the first two floors, the nurses the third. The kitchen, pantry, and nurses' dining room are at the back of the main building. We have a very nice operating room with white tile walls half-way to the ceiling and enamelled plaster above, and tile floors. It is fitted with all the necessary furniture. A preparation room adjoins in which we have both dressing and water sterilizers heated with gasoline, as there is no gas in our town as yet. We are favored, however, in having both electric light and town water. This is very good for a town of only seventeen

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hundred people. The hospital is supported by private subscriptions, municipal grant, government grant, besides patients' fees. The building and equipment are valued at ten thousand dollars (\$10,000), and are free of debt. There were those who thought when the hospital was being built that it was an unnecessary expense, or at any rate that one of four or five beds would be of ample size, but just to show that it really was needed, before it had been running quite eight months we found it necessary to have more beds, and consequently four have been added to our original number, making our wards somewhat crowded. During the last six months, in the hospital built for eleven patients the daily average has been thirteen. As to medicine and surgery, the work is fairly well divided. Out of a total of one hundred and ninety-two cases there were eighty-eight surgical operations, the majority of which were major. It is during the autumn months that the people realize the need of the hospital, when such numbers of the young men who have come west on the harvest excursions are taken sick away from home and friends, and without money, many of them. Our staff has consisted of three trained nurses, besides the superintendent, but the last few months has shown that the work was more than we could overtake, so another nurse is to be added to our number.

A NEW wing, replete with every modern convenience, will, in all probability, be erected at the General Hospital, Stratford, this summer at a cost of \$20,000. During the past year the accommodation has not been sufficient for the requirements of the county, and it is felt by the trustees that it is absolutely necessary that a new wing be erected. The plans of the new wing, as drafted by Mr. T. J. Hepburn, architect, provide for a three-storey white brick building, 40 feet by 69 feet, to be erected on the south-west corner of the present building, and a large two-storey verandah on the south side of the old hospital. The basement of the new building will be fitted up with a hot water heating plant and comprise furnace, fuel and refrigerator rooms. A special ward will be constructed for delirious patients. The ground floor will consist of private wards, dispensary, bath rooms and superintendent's private rooms. The first floor will be fitted up for maternity cases only, having one public ward, a children's ward and several private wards. The main feature of the second floor is the operating room. It will be fitted up in the most approved style and contain every modern improvement. On this floor there will be anesthetic, sterilizing, doctors' dressing and wash room, also recovery rooms and a supply room for surgical appliances. The operating apartment will be finished in white enamelled paint with art mosaic floors. The walls will be constructed and finished in Keen's cement, making the rooms entirely antiseptic. The walls of all the bathrooms will be finished in this cement and mosaic floors. On the top floor accommodation will be made for an in-

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creased nursing staff. The building will be ventilated with the gravity system, fresh air being supplied to every apartment of the building. The direct-indirect system of hot water heating will be used. Two important features in connection with the new building are the elevator and verandah. The elevator will be an electric one and run from the basement to the top storey. It will be of great assistance in carrying patients to the operating room and other portions of the building. The verandah will be constructed on the south side of the present building, and will be two storeys high. It will be seventy-four feet long and sixteen feet wide, and a portion of it will be enclosed in glass and used for sun baths and convalescent rooms. The building will be constructed on about the same lines as the present hospital, and when completed will present a very imposing appearance. Several changes will be made in the present building and provision made for a public waiting room, board room, etc. Since the erection of the General Hospital about seventeen years ago, its reputation has been raised to a higher standard every year till at the present time there are few better institutions in the Dominion.

MARRIED.

ADAMS—WARTMAN.—On April 17th, 1907, Miss Amy Wartman, of Kingston (graduate Kingston General Hospital), was married to Mr. Edwin James Adams, of Ottawa.

CROTHERS—ELLIOTT.—On April 16th, 1907, Miss Anna C. Elliott, of Kingston (graduate of Kingston General Hospital), was married to Mr. William J. Crothers, of Kingston.

The British Journal of Nursing is one of our most welcome weekly visitors. It will always be remembered for the brave way it has worked for the legal registration and recognition of the nursing profession in Great Britain. The first page is always devoted to a good editorial. Then there are medical and clinical articles and a number of interesting departments. We are glad that some of the most progressive of our subscribers are now subscribing also for this excellent journal. The price is one penny weekly, and orders may be sent to our office.

The Queen's Nurses' Magazine is another favorite friend of THE CANADIAN NURSE. The latest issue is adorned with a signed portrait of Her Majesty Queen Alexandra. News of the Queen's Nurse, a deeply interesting memorial sketch (with portrait), of Miss Guthrie Wright, editorials, departments, practical hints, prize competitions, etc., complete this excellent number. The magazine appears three times a year, and costs (in England), only 1s. 3d. Subscriptions may be sent to our office.

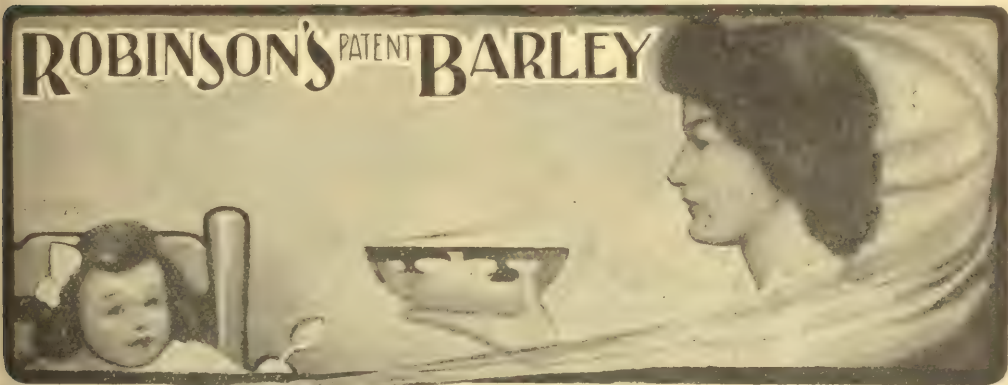
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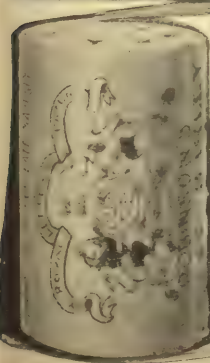
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The Nurse's Library.

Elements of Hygiene and Sanitation. Hough & Sedgwick. Boston, New York, Chicago, London: Ginn & Co.

The high reputation of the two authors whose work we have here before us, and the importance of their subject, justify us in expecting a good book. And we are not disappointed. It is an excellent piece of work. It is a reprint of Part II. of their larger work, "The Human Mechanism." It may be described as a handbook on the right conduct of physical life. The three divisions of personal hygiene, domestic hygiene, and public hygiene, are each well and sensibly discussed. The style of the book is interesting and the execution good. There are a few things we do not agree with, e.g., "It is perfectly safe for most healthy people to take a cold bath after exercise."

The History of Nursing, by Miss Nutting and Miss Dock is now nearly ready and will be issued from the press of G. R. Putnam's Sons, in New York, in a few weeks. The work is divided into three parts:

Part I. Treatment of the sick by animals—By prehistoric man—Nursing in early civilizations—Sanitary code of the Jews.

Part II. Women workers of the early Church—The early Christian hospitals—The Roman matrons—The rise of monasticism—Famous Hospitals—The military nursing orders—Other nursing orders of the Middle Ages—Early English History—Early Canadian History—St. Vincent de Paul and the Sisters of Charity—The dark period of the eighteenth century—Pre-Fliedner efforts—Pre-Nightingale times.

Part III. Miss Nightingale's reformation—Early American history, up to 1873, when our first large schools were opened.

It will be published in one illustrated volume of 200,000 words.

THE OUTLOOK, one of the leading weeklies of London, and one of the most largely read in Great Britain, says in its issue of April 20th: "One could have better spared any educational building in the world than the part of McGill University burned down by two successive fires. They were to scientific education what the Hospital for Sick Children in Toronto is to surgery. They were erected by the beneficence of men to whom both Canada and the Empire owe much, and in their equipment the minutiae of the best schools in America and Europe were studied. Oxford has long been sighing for the opportunity to equip herself with such an instrument of scientific teaching, but we have no such generous patrons in the older countries, and our Government does not take their place. It will take £150,000 or so to repair the loss, and though Montreal is rapidly becoming a city of

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millionaires, their utmost beneficence will hardly recreate the sentiment belonging to the physics, mining, engineering, and chemistry schools lately give by eminent citizens. In this respect the fire (which it is thought was the work of an incendiary), is irreparable."

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, AUGUST, 1907.

No. 8

THE BABY.

Perhaps nurses have more frequent opportunities than anyone else to answer questions about the baby's food. Nursing by the baby's mother, for the first six months at least, is the only right way, and is almost always possible. But soon the growing, thriving child needs more nourishment.

We must now find a food which contains nutritive elements suited to sustain the child's life and promote its healthy growth—a food sufficiently like the milk of the mother to be given as an auxiliary food before the period of maternal nursing closes. The best cow's milk, if it can be obtained CLEAN, is the best food to give the child. For many infants it is an advantage to dilute the cow's milk somewhat with an alkali, so that the curd shall be more flocculent, more like the curd of breast milk. (Breast milk, formerly thought to be alkaline in reaction, has now been shown to be acid.) Sometimes a delicate infant will thrive well for a while on whey. But nature soon requires, in order to perfect the digestive organs, soft solids to work upon, and it will not do to dilute and weaken the milk for babes too much, lest they never become fit to eat the strong meat necessary for men. Nor is it good to limit the proteids too much, replacing them by the carbohydrates. The babe remains a delicate babe unless something is expected of the digestive organs.

It is convenient to have a table to give parents something like the following, at the same time warning them against the sin of giving solid food to a child before it has teeth. When six or eight incisors are to be seen in the child's mouth, then usually the pancreatic secretion is pretty well developed.

For infants of from four to eight months old:

Per cent.			
Fat	4	or Cream	$\frac{7}{8}$ viii
Sugar	7	" Cow's milk	$\frac{1}{2}$ iiss
Proteids	2	" Lime water	$\frac{1}{2}$ i
Lime water	5	" Water	$\frac{7}{8}$ viiiss
		" Milk sugar	$\frac{1}{2}$ i

Rotch.

Rotch.

The amount of milk may be gradually increased and the amount of water and lime water decreased. Thus for an infant about ten months' old the following may be used:

	Per cent.			
Fat	4.00	or	Cream	5viii
Sugar	5.00	"	Milk	5viii
Proteids	3 25	"	Lime water	5i
Lime water	5.00	"	Water	5iii
		"	Milk sugar	5ss

Recd.

Rich.

And at about eleven months' old an infant may be given the best and cleanest cow's milk unmodified. Thus weaning may be gradually accomplished. Oat jelly and barley jelly, made in the following manner, may be used with advantage along with the milk.

Oat Jelly.—Soak 4 ounces of coarse oatmeal in a quart of cold water for 12 hours. The mixture is then boiled down so as to make a pint, and is strained through a fine cloth while it is hot. When cold a jelly is formed, which is to be kept on ice until needed.

Barley.—Barley water is made by boiling 5 ounces of granulated barley in a quart of water until the volume is reduced to a pint and then straining. If a barley jelly is to be made 4 ounces of barley flour are employed, and the process is the same as for oat jelly.

When the child is about one year old it is time to begin feeding it with a spoon. A little bread, one day old, may be added to the milk. As soon as possible, it is better to do without a feeding-bottle. Some infants will not take bread until the age of two years, or even older. Equal parts of oat jelly and milk, or barley jelly and milk, warmed, with a little salt added and occasionally a little broth, preferably chicken broth, with bread, may be used. At the age of twelve or thirteen months, the child should have about five meals a day, such as the following:

7.00 a.m. Stale bread crumbs, soaked in a breakfast cup of new milk.

9.30 a.m. Equal parts of oat jelly and milk, slightly warmed, and a little salt added to suit the infant's taste.

12.30 p.m. One half-pint of well-made chicken broth, with the fat carefully removed, and with stale bread-crumbs soaked in it.

3.30 p.m. Equal parts of barley jelly and milk, warmed.

6.30 p.m. Same as 7.00 a.m.

At fourteen or fifteen months, some thoroughly boiled rice may be added to the diet list.

At sixteen months, a little butter of the best quality may be spread on the bread. Fresh bread should never be given. A crust of bread may occasionally be given, the infant will try its teeth upon it.

At eighteen months a well-baked white potato may be given, and at nineteen or twenty months eggs may be added.

At about fifteen months it is usually safe to try a little baked apple, or a teaspoonful of orange juice, and when peaches are in season, a small piece of a ripe peach may be given to a child in its second year, say about sixteen months' old.

At about two years and six months of age young peas and other easily-digestible vegetables may be given, very carefully at

first. Different fruits may now be tried, but they should be cooked.

Towards the end of the third year a small amount of meat may be given, but not every day, as meat is not required until the child is about three or four years of age. Chicken, mutton chop, roast beef and beefsteak are the best meats for young children. Great care should be taken that the meat is cut small and the child taught to masticate properly. A good plan is to give the child sometimes an egg and sometimes meat or fish.

HOSPITAL DISCIPLINE AND ETHICS.

At the very outset of a nurse's career and at frequent intervals during her training, the fact needs to be emphasized that it absolutely depends on herself, whether she is to become a first grade, second grade, or third grade nurse. That fact she absolutely controls. As a rule, she is inclined to blame the training school for many of her shortcomings, and, while the school has a decided responsibility regarding its nurses, it still follows, that the girl herself becomes largely what she determines to be. If she is satisfied to do slipshod work, if she is lacking in thoroughness, and punctuality, and accuracy, if she is satisfied with mediocrity in her daily work, then she has no right to complain if she never rises above it.

Her real character is expressed in numberless ways, of which she will be unconscious unless instructed. Her voice, her laugh, her conversation, her walk, her touch, her habits of dress, the expression of her face, all tell their own story and bear on the question of her fitness or unfitness for the work she has undertaken. While it is often a delicate and disagreeable task to call a nurse's attention to her own personal defects, it is certainly no kindness to her to disregard them. At the very time when the weakness is manifested, is usually the best time to call attention to it. If frequent admonitions on the subject seem to be unheeded, and the matter is important, it becomes a point to be reported to the superintendent, to be dealt with as may seem best for the candidate and the institution.

One of the first lines on which nurses need to be cautioned is regarding discreetness of speech, and this refers, not only to affairs concerning the patients, but to the nurse's own private affairs. There are nurses who can never be trained to hold their tongues. They seem to have inherited a predisposition to "tell things," in spite of all that any one can do. Just as, in the great world outside hospital walls, there are men and women foolish enough to even "tell that their father was hanged," when no one particularly cared how he met his death. The information was

entirely unnecessary. Such people do aspire to nurse the sick, and they are bound to be a trial to the flesh, so long as the notion lasts. Then, too, there are nurses who come from homes in which any restraint of speech is unknown; their attention has simply never been called to the need of it. There are nurses who are foolish enough to relate their own private affairs, or their love affairs, to the nurse acquaintance of a day, or to the patient who is, to them, a stranger. Thus, the question of tongues constitutes one of the problems of the training school. Head nurses can do much by example as well as precept in helping nurses to form those habits of reticence, that will go far towards commending them to the confidence of physicians and people in general. To be able to say that a nurse is a "safe" woman to admit into one's confidence is no uncertain commendation. No point needs more frequent emphasis than this. To send out nurses who know how to keep silent regarding their own or their patient's affairs without conscious effort, because of habits firmly fixed during the training period is no small achievement. To train them to be ladies under all circumstances, to avoid practical jokes, undignified conduct, slang and gossip, is as important surely as a great deal of the technical knowledge that now seems to be demanded in a nursing course.

If all nurses could be given a thorough drilling in how to carry themselves, and how to acquire a graceful walk, it would be a distinct advantage to many nurses who have unconsciously allowed themselves to become round-shouldered or awkward and ungraceful in their general movements. No one who has seen the difference in the bearing and carriage and walk, of the volunteer for the army, before he enlisted, and the same man after he has had a few months of military drill, who has noted the erect carriage, the firm even tread, can question the value of gymnastic drill and exercises in the training of nurses. Even without the drill, much can be accomplished, given willing teachable, pupil nurses, and interested, tactful, wide-awake head nurses, who will call attention to personal defects, and remind, and remind, and remind, until reminders are no longer needed.

"Study to be quiet," is a text that ought to be writ large and posted prominently in all our hospitals and training schools. Have we really regarded it as a subject for study? Have we not in hospitals expected nurses to acquire habits of quietness by accident or instinct? Is this not one reason why we hear such frequent complaints from patients and their friends about the noise in hospitals? It is true that physicians are very bad examples for nurses in this respect, that some internes are simply irrepressible so far as noise is concerned, but are head nurses as careful as they should be to teach habits of quietness, to demand it and use all possible means to secure it? Unless nurses are trained to notice noise, preventable noise, unless their attention is called

to the thousand and one points to be guarded against while engaged in active duty, the banging of doors, the rattling of basins, the creaking of hinges, the noisy handling of chart files, and most inexcusable of all, their own voices, their own, often unnecessary, chatter, which keeps up a continual disturbance among sick folks, they will certainly develop noisy habits that are bad for the hospital, bad for the individual nurse, bad for future patients, bad for everybody concerned. Have we not been far more attentive to such points as whether the bedspread was on exactly as prescribed, whether the window shades were all at a uniform height, whether the washrags were in their exact places, than whether our nurses were needlessly tormenting the patients with their chatter and noise?

The habit of expressing appreciation of work well done, and of measuring and noting general improvement is another point worthy of cultivation in the head nurse. There are comparatively few individuals who do not relish and long for a word of commendation, comparatively few who will keep up sustained effort to improve, if they think nobody notices or cares.

One other point may be mentioned on which head nurses need to be decidedly on the alert, that of allowing probationers or pupil nurses, to criticize management or methods in their presence. It is no part of a pupil nurse's duty to plan or produce reforms in an institution. If they are wise they will soon recognize that to re-adjust themselves, to do faithfully, quietly, and efficiently, the duties assigned to them, is the best way to improve a situation. If they have theories which they are burning to experiment with, and they prove successful in their own little sphere, the chances are that the opportunity to test their advanced theories will come to them sooner or later. The world is not slow to recognize ability, and it is badly in need of people who have in them the qualifications for leadership in any line.

When a nurse shows the disposition to continuously grumble and criticize, when her attention has been seriously directed to the fault with no sign of improvement, the quicker that nurse is gotten out of the hospital the better. However clever and capable a nurse may be, no institution can afford to harbor a girl who has a tendency to keep stirring up trouble, to keep seething an element of discord that will poison the atmosphere and make her associates discontented and unhappy. There are some dispositions that never can accept sweetly the regulations of community life, or get along comfortably with a lot of different kinds of people. There are incompatibilities that will always prove troublesome in institutional life, that have to be endured, but the active stirrer-up of trouble, who feels called on to reform the place, is a type that no superintendent can afford to keep if she values her own peace of mind or harmony in the school. Half the troubles that are experienced with discipline in training

schools, would be avoided, if pains were taken to ferret out the leading spirits in creating trouble, and promptly get rid of them. No head nurse who really has the interests of a hospital or training school at heart can afford to shield or to keep silent regarding this class of individuals.

How to bring out the best that is in her nurses, how to strengthen their weak points, is one of the problems at which the conscientious capable head nurse is always working. To do the best with them, she must understand them, must try to see things from their standpoint as well as her own. She must be able to look beneath the minor fault or error, and appreciate the motive that prompts an act. She must aim at eliminating root defects, which, when, lighted, will generally correct minor failings. In the daily dealings with nurses and probationers she will meet some who will need to be spoken to in the most emphatic manner possible—fairly thundered at, if any lasting impression is to be made. She will have to deal with others, in whom the least suspicion of severity will break them up and unfit them for work. Some nurses, like some children, need to be held in, as it were, with bit and bridle, others can be managed by a look or a suggestion. Both kinds may develop into good nurses, but they need entirely different management in the developing process. To be able to rebuke without arousing antagonism, is no mean attainment. To see the possibilities that are embodied in unpromising, blundering material, to detect the latent powers and help in their development, has its own reflex action, both broadening and elevating. Fortunate is the head nurse who realizes the greatness of her opportunity, or who has inspired such confidence in her subordinates, that they will, even while smarting under a reproof, realize that she had their highest good in view. The time will come in later years, when they will appreciate at its true value, their training and teaching, when they will regard as a blessing the discipline of their training school.

CHARLOTTE A. AIKENS.

A FEW WORDS TO THE NURSE IN TRAINING.

Some years ago I read of a man, a king I think he was, who had a ring, on the inside of which were engraved the words, "Even this shall pass away," and whenever he was tempted to glory in his possessions and power or to feel discontented at some defeat, a glance at his ring reminded him that the earthly glory and the causes of dissatisfaction sooner or later would pass away.

It may seem irrelevant but that little saying on the ring came often to my mind during my course of training in the hospital, and helped me do my work more cheerfully.

Very few of us realize upon entering our training that many simple pleasures must be sacrificed, and that we are entering upon a course of discipline entirely different from that of our previous life. It is often very hard to obey all the little necessary rules and regulations of hospital life, and we sometimes wonder why such by-laws were ever formulated, for being particularly honorable young women we should never dream of doing the things prohibited, but would-be nurses have diversities of code.

Looking back over the two or three years of training it seems hardly to have been worth while to complain and fret and make oneself and all around miserable and unhappy over trifling annoyances; they all pass away, and a day comes when we awaken to the fact that performing each duty cheerfully brings happiness and enjoyment—they lie at our very hand.

Do you remember that time when you were so busy, the patients under your care being particularly exacting, and the order came for you to prepare a bed for the reception of a new patient? You felt that you could not stand an added burden, and you scolded a bit, and perhaps wondered audibly, what the Superintendent of nurses thought you were made of. And, by the way, let me say that superintendents of nurses do not always take the pupil nurses into confidence; the duty of the latter is "not to reason why," but to do and keep some one else from dying.

The rush of work passed away in a few days and you felt rather ashamed that you had murmured and led others to think that extra work had been unjustly thrust upon you.

Do you remember that patient needing so much attention, so fussy and hard to please that it was well nigh impossible to keep back the hasty word? But in a few days or weeks at most the need for such constant attention had passed, and how thankful you were that you had cheerfully done your best; it wasn't so hard, after all. It makes a difference in our work when we apply the Golden Rule; and by and by our hospital life is a thing of the past, and we go out either with the rough edges of our dispositions rubbed off, or our natures soured and our minds possessed with the idea that we will make patients square to our standard. Don't forget that patients are not only cases, but human beings with wills demanding recognition. Don't stand always in a state of expectation; be now what you admire, "Bear the infirmities of the weak," and in so doing gain strength.

"The daily round, the common task,
Will furnish all we need to ask;
Room to deny ourselves; a road
To bring us daily nearer God."

N. B.



EXTRACT FROM LETTERS FROM MISS MAYOU.

ST. ANTHONY, NEWFOUNDLAND, March 4th, 1907.

Dear Miss Allen.—Your letter of Jan. 14th took just a month to reach me, not so bad when you consider that for the last three hundred miles it was carried by dogs over snow-covered hills and trackless wastes. Sometimes when there are blinding snowstorms or raging blizzards it takes them a month or six weeks to do the same distance. They are the only beasts of burden here, and in winter drag people, wood and water over many miles of ice and snow. Our mission doctor has been away now over three weeks on one of his medical tours, with his dogs and their driver, Alf. ———. I think I told you in my last letter of the Christmas entertainment and tree we had for all the children of St. Anthony. For my sewing class of 34 children, ages ranging from 6 to 14, I had an extra treat: We met, as usual, at two in the school house, and worked for an hour, then at three we heard tinkle, tinkle of bells, and up trotted the dogs, Savage, Damsel, Tiger, Nigger and Bee, dragging on a sledge the cakes and the gramophone. Each child has been told to bring a cup, and we had boiling on the stove kettles of water with which to dilute the cocoa which we had taken in a concentrated form and sweetened with molasses to suit the St. Anthony taste. After the gramophone had given us several songs, dialogues and selections, we dispensed the cocoa, rock-cakes and molasses cookies, which Emmie, one of the orphans, had made the day before under my superintendence. The fact that none remained showed they were appreciated.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

“Je le pansay ; Dieu le guarit.” [I tended him ; God healed him.]

—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

The anniversary service of the Guild of St. Barnabas was held, as was announced, on June 11th, at the Lakeside Hospital. The attendance was small, so many nurses being busy, only the Chaplain, Superior, five members and several visitors were present to welcome Miss Wood, the General Secretary, who had arrived from Vancouver that afternoon. After the service, notwithstanding the fatigue of her long journey, she gave us an interesting account of her travels in India, Africa, Australia and New Zealand. In the course of her remarks she called attention to the fact that membership in the Guild serves as a bond between nurses in all corners of the earth, and gave us an instance—the very warm welcome accorded her by a member she met by chance in a remote New Zealand village. She closed her address by reminding us that the nurse's calling is a high one, and bade us apply to ourselves the words of Christ: “No longer do I call you servants . . . but I have called you friends.”

My Scallop-Shell of Quiet

*G*IVE me my scallop-shell of quiet,
 My staff of beth to walk upon,
 My scrip of my immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage,
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given,
 Whilst my soul take quiet partner
 Travelleth toward the land of Heaven;
 My soul will be a dry before,
 But, after, it will thirst no more.

— Sir Walter Raleigh

It is not growing like a tree
 In bulk, doth make men better be;
 Or standing long an oak, three hundred-year,
 To fall a log at last, dry, bald, and sere:
 A lily of a day
 Is fairer far in May,
 Although it fall and die that night;
 It was the plant and flower of light.
 In small proportions we just beauties see;
 And in short measure life may perfect be.

— Ben Jonson.

IN every part and corner of our life to lose oneself is to be gainer; to forget oneself is to be happy.—*R. L. Stevenson.*

THE hardest duty bravely performed soon becomes a habit, and tends in due time to transform itself into a pleasure.—*O. W. Holmes.*

BREAD is good, knowledge is better, but best of all is peace, and the place of quietness has ever been, and ever will be a garden.—*Ian MacLaren.*

MORE persons fail in doing the little things—the common prosaic things of everyday life—than in doing the greater and more prominent things.—*J. R. Miller.*

IT seems to me sometimes—I know it is a partial representation—as if life were a conflict between the inner force of the spirit, which lies in its faith in the unseen, and the outer force of the world, which lies in the pressure of everything it has to show us. The material, operating upon our senses is always asserting its existence; and if our inner life is not equally vigorous, we shall be moved; urged, what is called actuated, from without, whereas all our activity ought to be from within.—*George Macdonald.*

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TORONTO, AUGUST, 1907.

No. 2

Editorial.

THE NEW BELLEVUE.

The new hospitals at Fordham and at Harlem, in New York, being part of the new Bellevue system, were so urgently required to accommodate patients that they have just been opened without any form or ceremony at the earliest possible moment, though the formal opening, it is expected, will take place later. Each of these buildings cost over 8000,000, and will accommodate about 150 patients, and moreover (with the plenum, the vacuum cleaning equipment, roof gardens and wide balconies) are very modern and perfectly adapted to the purpose. It was in 1816 that Old Bellevue was first opened as an almshouse to receive "paupers, prisoners and patients," and now the new Bellevue, which will, when completed, have 2000 beds, has come to take its place. Gouverneur Hospital is part of the same great system. Owing to the difficulty in securing pupil-nurses at present, a special staff of 34 graduate nurses has been provided for each hospital. As our readers will remember, Miss A. W. Goodrich, whose splendid organizing power will here have a wide scope, is the superintendent of all the five or six hospitals in the Bellevue system.

THE PARIS CONFERENCE

Everything points to a memorable meeting at Paris—A meeting which will have a far-reaching influence for good not only in 1907, but in coming years. At the time of writing the Conference is about to assemble and it will be over by the time this number is in the hands of our readers, but as cable reports of the meeting from Paris are likely to be short and formal, we regret that we must wait for the mail before our own reports, to which we are eagerly looking forward, can reach us. Letters received within a day or two announce that Miss Genevieve Cooke, the Editor of the Nurses' Journal of the Pacific Coast (our twin), sailed for Paris, via New York, on June 6th, and advices from England state that Miss Kettle Payne has already sailed from New Zealand for the same "Mecca." Truly the ends of the earth will meet at Paris, wearing the same badge and thinking the same thoughts.

Editorial Notes.

ENGLAND.

The Nurses Total Abstinence League.—An interesting meeting, convened by this Association, was recently held in the London Temperance Hospital, Hampstead Rd. Lady Whittaker was in the chair and the principal address was made by Canon Barker, who spoke in favor of temperance legislation and added that there was something wonderful in nurses, and the extraordinarily patient way in which they would do anything and everything.

A Nurses' Camp.—Not under canvas, but in a comfortable house—"Briarcliffe," at Mundesley-on-Sea, where, on June 19-26, any member of the Nurses' Missionary League will be welcome. The Secretary, Miss K. Miller, 75 Hallam St. W., and Dr. Ruby Glanville, of Trowbridge Wells, are taking charge of the arrangements.

The Hospital for Incurable Children at Montecourt.—A confirmation, held by the Bishop of Islington in the new chapel of this hospital, was a touching and impressive ceremony. Only two out of the eight candidates were able to kneel. The Matron has held the confirmation classes every Sunday.

The Prince of Wales' Hospital.—Not a new hospital, only a new name for the well-known Tottenham Hospital, where recently the Prince and Princess of Wales opened the new wing and new operating theatre and gave the new name. In spite of rainy weather at first (though the sun came out before all was over), it was a charming affair, and the costumes, the decorations, the generous contributions of £4,000 and upwards handed to the Princess, all added to the interest and enjoyment of those privileged to be present, chief among whom was the President, H.R.H. Princess Louise, Duchess of Argyll.

GREAT BRITAIN.

Queen Victoria's Jubilee Institute Nurses.—On January 1st 1907, there were 1,450 Queen's nurses at work in the United Kingdom, and counting probationers, village nurses and midwives, the number was 2,190. The minimum hospital training for Queen's nurses is now three years, of which two years must be spent in an approved general hospital or infirmary. The Scottish and Irish branches are making satisfactory progress. As to money, much is needed, and it is hoped it will be forthcoming to help such a good work. Last year, for the first time, the Metropolitan Hospital Sunday Fund gave a grant of £5 for each nurse employed.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from .

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood General and Marine Hospital Alumnae Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnae Association.

The Galt General Hospital Alumnae Association.

The Guelph General Hospital Alumnae Association.

The London Victoria Hospital Alumnae Association.

The Kingston General Hospital Alumnae Association.

The Montreal General Hospital Alumnae Association.

The Montreal Royal Victoria Hospital Alumnae Association.

The Ottawa Lady Stanley Institute Alumnae Association.

The St. Catharines General and Marine Hospital Alumnae Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnae Association.

The Toronto Grace Hospital Alumnae Association.

The Toronto Hospital for Sick Children Alumnae Association.

The Toronto Riverdale Isolation Hospital Alumnae Association.

The Toronto St. Michael's Hospital Alumnae Association.

The Toronto Western Hospital Alumnae Association.

The Winnipeg General Hospital Alumnae Association.

The Vancouver Graduate Nurses' Association.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling,

103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.



VICTORIA PUBLIC HOSPITAL, FREDERICTON, N.B.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD
GENERAL AND MARINE HOSPITAL TRAINING
SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR
SICK CHILDREN TRAINING SCHOOL FOR
NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss



LADY TILLEY,

Founder of the Victoria Public Hospital, Frederickton, N.B.

E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

Clinical Department.

BROKEN LINKS IN THE CHAIN OF ASEPSIS.

From a glance at the paraphernalia of the modern operating room, with its walls and floors of tile, glass or marble, its glass or metal tables and furnishing, its array of sterilizers for different purposes, with everything that skilled minds can devise or money can provide to insure aseptic results, it would seem that the whole system was perfect, that infection of clean wounds would be a thing of the past. But is it so? Cannot every nurse recall instances of clean appendiceotomies in which "oozings" occurred, which the surgeon explained were "only a little serum"; of stitch abscesses; of clean herniotomies that in some way were handled so as to yield pus; of redness and induration and sinuses following operations in which the wound should have been absolutely clean? What is the reason? Simply this, that in the chain of human agencies concerned in the operation there is a weak link.

It is true that the chain of asepsis may be, and often is, broken by the surgeon himself, who of all others might be expected to be on the alert to avoid all possible dangers. It is true that small and remotely possible dangers are often overestimated, while larger and more probable dangers are overlooked. A surgeon, after attending to hand disinfection before beginning the operation, has been known to take off his glasses and wipe them on the corner of his apron, to give his chair a hitch nearer the table, to even trace a drawing on the blackboard, and, without even rinsing his hands, proceed with the operation. There are surgeons guilty of these "breaks" who, when an infection occurs, are quite ready to lay the blame on the catgut or the nurse. It is quite possible and probable that a nurse who has been thoroughly trained in aseptic and antiseptic methods, with the reasons and necessity of religiously adhering to the aseptic system, will be fully as careful as the surgeon himself, but it is also true that all nurses are not intelligently careful; it must be admitted that some responsibility must be shouldered by the operating room nurses and ward nurses for the infections that do occur in clean wounds.

One of the common errors committed by nurses is packing the dressings sterilizer too tightly. One of the surest means of preventing steam from accomplishing its work of sterilization is to wedge the packages in so tightly that steam cannot have access to every part. Another blunder is sometimes made in putting jars of sponges or gauze into the autoclave with the lids tightly screwed on. Not only is the contained air prevented from escaping from the jars, but steam cannot enter. Practical tests have shown that

sterilization is not effected in the contents of jars treated in this manner.

Is the soap used for cleansing the hands of the surgeon, his assistants, or the field of operation, always sterile. If not, is it not possible that pathogenic germs may be scrubbed into the skin while going through the motions of scrubbing them out.

In the antiseptic solutions, too, may be a source of possible danger. The water may have been sterilized, but was the salt used in making the solution positively sterile. If not, and it was added after the water had been boiled, it was not a sterile solution.

The sprinkling boxes containing iodoform, boric acid and other powders are not always handled with scrupulous care. Is it not true that sometimes they may be handled by infected hands and not re-sterilized? It has even been noticed, too, in some operating rooms that no attempt was made to protect the perforated tops of the sprinklers, so that floating dust could not enter.

In the handling of gauze, ligatures, and sponges there is always the possibility of contamination. Too many packages are opened, or the packages are too large. The part left after an operation may be pinned up carefully, but after it has been exposed to the air it is no longer a sterile package and should be re-sterilized before using. Too much confidence is placed on chemical disinfection of basins and appliances in some hospitals for good aseptic results. In the hurry between operations chemical disinfection of a basin, pitcher, or funnel may be attempted, but who knows that it is really disinfected.

Perhaps in the hands of all actively concerned in the operation lurks the greatest source of danger. Frequently visitors are admitted to the amphitheatre after donning a sterile gown, but the hands, the most dangerous point by far, where asepsis is concerned, are left exposed to come in contact, perchance with dressings, towels, or instruments that afterward come in contact with the wound. Then, too, scientific tests have shown that hands that had been "disinfected," or at least had been through the motions, were in reality, capable of furnishing plenty of material for infection. Dr. Charles Harrington, of Harvard Medical School has, by experiment, proven that even soaking the hands for fifteen minutes in corrosive sublimate solution, 1-1000, does not kill bacteria. What results, then, should be expected from dipping the hands in such a solution for a few seconds and rinsing them off with sterile water? The primary cleansing of the hands is often—perhaps, as a rule—faithfully performed, but when two or three or more operations are done in quick succession, is the same scrupulous care used to secure surgical cleanliness between operations?

A great many nurses are exceedingly careless about handling dressings or appliances soiled with pus, and therein is a grave source of danger. The skin of the nurse's hands may become so roughened that thorough cleansing or disinfection is a difficult matter.

The wearing of face masks has reduced the danger of infection from breathing or speaking into a wound, but this precaution is not always observed. In the saliva, the streptococci, staphylococci, and diplococci are all found, and as a constant stream of minute particles of saliva is thrown out in talking, it is easy to see how infection might occur in this way.

These are only a few of the weak links in the chain of asepsis to which the attention of nurses needs to be directed frequently. If the human chain can be strengthened so that no breaks will occur, it will be easy to secure good results from the standpoint of asepsis, even if the other equipment of the operating room is not all that could be desired.

Question Department.

Q. Should nurses, in addition to their hospital training, take a training in massage? If so, why?

A. If this question means, "Should nurses take a course in massage during their general course?" then my answer would be, "No." It is not possible to give the time necessary to learn the art of massage properly during the general course of training. In the first place, it requires three months' work, five or six hours daily, to get the nurse's own muscles into proper condition to give massage. It is well known that massage not properly given does harm. Unskilful massage may cause headache, and it has even happened sometimes that unskilful massage, performed upon muscles in fairly good condition, has rendered them soft and flabby. The patient, of course, recognizes this harm if it unfortunately occurs.

Properly given, a general massage nourishes and tones up the patient's muscles, improves the circulation, and is about equal, in this way, to a five-mile walk. But massage exhausts the nurse and takes a great deal out of her physically, and patients are seldom willing to pay what it is worth, having regard to what the nurse spends in strength on the actual massage, and in money, in getting the training, which is expensive.

Massage, especially for the nervous patients so numerous everywhere, is a great benefit, either as part of the rest-cure or otherwise. The time spent in acquiring the art is well spent, but it must be recognized that the nurse who gives massage is a specialist in nursing and should govern herself accordingly.

Q. Will one of the readers of THE CANADIAN NURSE in the western part of Canada kindly tell me the prospects for private nursing in the west, salaries received in hospital positions, and remuneration given in private nursing?

A. "What is the prospect for private nursing in the west?" This is one of the questions I am constantly answering. In the fall time there is plenty of work for a great number of nurses. They can be kept busy for two or three months, but for the rest of the year our supply of nurses is too great. In Manitoba, the nurses' fees are \$18 and \$21 (eighteen and twenty-one dollars) per week. In British Columbia, \$17.50 and \$21 (seventeen fifty and twenty-one dollars) per week. In the hospitals the salaries run from \$25 to \$35 (twenty-five to thirty-five dollars) per month. If a nurse is willing to take a position in a hospital in a small country town, then she may be kept busy. S. McKIBBIN.

375 Langside St., Winnipeg.

The Contributors' Club.

Catalogue of the Medical Library, Maria Louisa Robertson Nurses' Residence, Hospital for Sick Children, Toronto.—*(Continued.)*

193—Midwifery, A Textbook of.....	Jardine
194—Infants and Young Children, Physical Exam'n of..	Kilmer
195—Baby, The Practical Care of the.....	Kilmer
196—Text-book for Training Schools for Nurses, Part II..	Wise
197—Nursing, A Manual of.....	Humphry
198—Materia Medica, Homoeopathic, The Essentials of..	Dewey
199—Materia Medica for Nurses.....	Dock
200—Nursing: Its Principles and Practice.....	Hampton
211—Psychology and Mental Disease.....	Burr
212—Cook Book, Home Science.....	Lincoln
213—Nerve Patient, The Management of.....	Schofield
214—Eye, Ear, Nose and Throat, Nursing in.....	Davis
215—Diet in Illness and Convalescence.....	Winthrop
216—Surgical Asepsis	Palmer
217—Urine Analysis	Long
218—Obstetrics, Essentials of.....	Jewett
219—Hygiene and Sanitation.....	Egbert
220—Operative Surgery, Minor, Including Bandaging..	Wharton
231—Materia Medica for Nurses.....	Stoney
232—Relief, Principles of.....	Deverine
233—Hygiene, Personal	Pyle
234—Nightingale, Florence, The Life of.....	Tooley
235—Baby, The Care of the.....	Griffith
236—Nursing, Practical Points in.....	Stoney
237—Anatomy and Physiology for Nurses.....	Lewis
238—Bacteriology	Zapffe
239—Obstetrics and Gynecologic Nursing.....	Davis
240—Surgical Assistant, The.....	Buckner

Correspondence.

FROM A CANADIAN NURSE IN TACOMA.

DEAR CANADIAN NURSE,—In all probability I shall take a trip East this summer. When I read *THE CANADIAN NURSE* it makes me feel quite at home, there are so many interesting items in it, and I must congratulate you upon its success. Sometimes I refer to articles over and over again, because one is so liable to forget when so far away. Miss Snively always appealed to me as a splendid woman, and, in reading *THE CANADIAN NURSE* and other nursing journals, one must readily recognize her capabilities. We should very much appreciate her and consider it an honor to have her at the head of our hospital, the T. G. H.

This is a delightful climate, and I am very much in love with it. Trees and flowers are in bloom; the lawns are green all the year round. There is no such thing as extreme heat or cold here, and I consider that of importance when it comes to night-duty. You will be surprised when I tell you that I have experienced no cold night since living here. Some people find the atmosphere very penetrating at times. During the months of Nov., Dec., Jan. and Feb. we are subject to a good deal of rain, which is nearly always continuous and a good deal of fog. The latter will be so dense at times that it is impossible to distinguish objects at a distance of five or six yards or even less. This climate resembles that of the South of England, even the shrubs are the same. This condition is not to be found over the whole State of Washington, because in the Eastern part, on the opposite side of the Cascade Mountains, there is plenty of snow and very cold weather. This part of the State is favored with a very moderate climate. The rain, too, is characteristic of England. It comes down very lightly, at times it is almost like a mist. If there is cold, bright weather here, for any length of time, then there is a great deal of sickness. It seems that this climate demands a certain amount of rain in order to have good health. The mornings here are never bright as they are at home, and I miss the sun in the mornings. The sky, especially at this time of year, assumes an appearance of greyish hue; but when it is clear and bright, the clouds are beautiful. They appear to form more and disappear so quickly.

Tacoma possesses one of the finest harbors in the world. When I first came here, the ships and boats which come from all over the world were of great interest to me. I suppose I have gotten so used to them that I do not pay as much attention now as I did. Tacoma proper is about twenty or twenty-five years old and has a population of about 110,000.

When in Seattle attending the State Assn., I met a great many

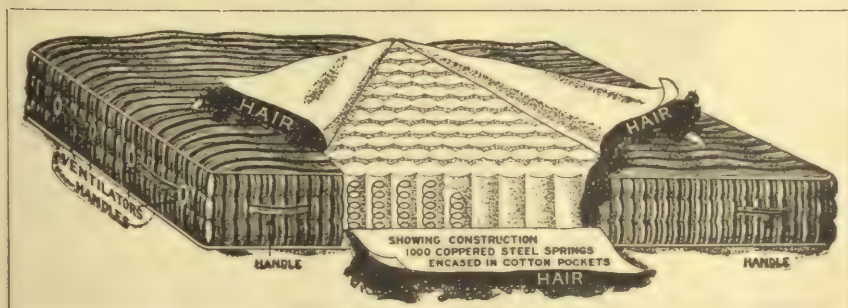


"I" said the student;
 "It's best to be prudent—

"I said
Bovril



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This is the only Mattress on which a patient can be turned without lifting, recommended by all Physicians. Sold subject to trial and money refunded if not satisfactory.

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Special Prices to Hospitals and Nurses

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Eastern nurses. I dare say more than half of the graduates are from the East. We had a delightful time. You know Westerners are very free and open-handed with money. They seem to spend it fast and make it fast. I have found them a very hospitable people in many respects, and I have enjoyed my life among them, both professionally and socially. Of course, I miss my own people and friends in the East and often wish they were nearer me so that I might see them occasionally, and I hope to see them this summer. Wishing THE CANADIAN NURSE every success,

I am,

Yours sincerely,

FROM AN OLD FRIEND.

DEAR MADAM,—I do enjoy reading THE CANADIAN NURSE so much; it is like renewing old acquaintances to read items about those I associated with over ten years ago. I am so glad it is a monthly instead of a quarterly periodical, and hope you may receive many new subscriptions as well as the renewals.

Wishing you and those associated with you on the paper every success, I am, very sincerely yours.

Hospital and Training School Department.

MISS GERTRUDE CURRY, Pembroke Cottage Hospital, intends practising in Pembroke.

MISS MABEL SIMS, graduate, Medicine Hat Hospital, is doing private nursing in Kenora.

MISS SHAW, assistant lady superintendent of the J. H. H., Quebec, spent Victoria Day in Montreal.

MISS A. McELROY and Miss A. Latham will very shortly graduate from the Calgary General Hospital.

MISS MAUD BRODDY (T. G. H.), has been appointed assistant superintendent of Grace Hospital, Detroit.

MISS BRACKEN, Dauphin General Hospital, '06, has accepted a position on the staff of the Battleford Hospital.

MISS R. MACLEOD, Vancouver G. H., has accepted a position as head nurse in the N. P. Hospital, Tacoma, Wash.

MISS MINNIE GUNN, of the Dauphin General Hospital staff has recently returned from a vacation spent in Grandview.

MISS ANNIE BROWN, Dauphin General Hospital, '07, has returned to private duties in Dauphin, after a trip west.



We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

When ordering, please state waist measure and length of a iron required.

THE CAP is made of muslin, with two frills and double border, edged with lace, each 12c. Other styles and prices in stock.

COMFORT HOT WATER BOTTLE, finest red rubber, \$1.35, \$1.60, \$1.85, \$2.15 according to size.

HICKS' CLINICAL THERMOMETER, from 65c to \$2.00.

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TORONTO,
CANADA

MISS JESSIE CARDIFF, of Parkdale, Ont., has returned to New York, after a long visit to her family.

MISS CECELIA MACDONALD (H. F. S. C.), has been staying with old friends in Toronto and Muskoka.

THE nurses of the Toronto General Hospital presented Miss Lawler, on leaving, with a pearl crescent.

MISS EDITH A. DRAPER has returned to her home in Clarkson, Ont., after spending the winter in New York.

MISS SIMS, R. V. H., has accepted the position of superintendent of Morristown Memorial Hospital, Morristown, N.Y.

MISS BERTHA BRYDEN (T. G. H.), has been appointed superintendent of the Royal Victoria Hospital, Barrie, Ont.

MISS ETHEL MORRISON, Vancouver General Hospital, has taken a position in the Atlin Hospital for the summer months.

MISS EDNA B. POND, a recent graduate of the C. M. H., St. Stephen, N.B., is now doing private nursing in Fredericton, N.B.

MISS J. V. LUSK, who has been assistant superintendent in the Pembroke Cottage Hospital, has returned to her home in Alymer, Que.

MISS ALICE MCINTOSH, graduate of the Montreal General Hospital, is in charge of the Detention Hospital, Quebec, during the summer months.

THE new Isolation Hospital at Edmonton, Alta., is soon to be opened and will be in charge of Miss Mitchell, a graduate of the Guelph General Hospital.

MISS TUKE, of Quebec, has just completed a three years' course in the Sherbrooke Protestant Hospital, and has left for Quebec where she intends practising.

MISS I. SIMS, graduate G. H. St. John's, Nfld., is doing private nursing for a short time until she goes to the York Road Lying-in Hospital, for a maternity course.

MISS MENZIES, graduate, T. G. H., has resigned her position as night supervisor of the Vancouver General Hospital, to take a position in the Tacoma, Wash. Hospital.

MISS LAWLER, late assistant superintendent of the Toronto General Hospital, has accepted the position of superintendent of the Memorial Hospital, Niagara Falls, U.S.

MISS E. W. MURRAY, a graduate of the K.L.H., Nelson, B.C., has resigned her position as head nurse of the General Hospital, Phoenix, B.C., and is visiting relations in London, Ont.

MISS ADDAH H. PATTERSON, superintendent of St. Luke's Hospital, St. Paul, Minn., has been taking an extended vacation in Atlanta, Ga., Baltimore, Md., New York and St. Thomas, Ont.

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*Non-Acid***SOZODON**

ALKALINE

Liquid - Powder - Paste

Teeth of persons subject to an acid or bilious stomach are liable to discoloration, which requires extra friction to remove. The Liquid, and Powder or daily, will soon remove all ous adhesions and leave the and white, imparting a refreshing feeling to the mouth.

Very satisfactory results are obtained from using

Paste, used such tartar-teeth clean



**LIQUID
SOZODONT**

at night, and

**SOZODONT
TOOTH
POWDER,
OR PASTE**

in the morning.



THE MINISTERING ANGEL

MISSSES EDITH AND ALICE ARCHER, R. V. H., are doing private nursing in Plainfield, N.J.

MISS MACMILLAN, 1899. and Miss Fisher, 1900. R. V. H., have taken up work in Seattle, Wash.

MISS MAY METCALFE, R. V. H., '04, was married June 1st in New York, to Prof. Noyes, of Harvard University.

MISS MARTHA ANDERSON, class '02, V.P.H., Fredericton, has gone to Seattle, Wash., where she will engage in private nursing.

Miss Eliza Kilburn, matron of Carleton Co. Hospital, Woodstock, N.B., paid a week end visit to Fredericton this month.

MISS L. MATTHEWS, graduate of H. F. S. C. Class, has accepted a position as head nurse at the "Rainbow Cottage," Euclid, Ohio.

MISS CLARA BROWN has resigned her position as head nurse of the private wards, T. G. H. Miss Baldwin, T. G. H., will succeed her.

MISS BRERETON, lady superintendent of the Dauphin General Hospital, spent a few days last month visiting her brother in Winnipeg.

MISS MCGREEVY has returned to the Royal Victoria Hospital, and is assisting Miss Hall in the superintendence of the Nurses' Residence.

WE regret to hear that Miss M. Legge, a graduate of H. S. C., Toronto has had a serious illness, but we hope that she will now steadily improve.

MISS DAVIDSON, after having had charge of wards in R. V. H. for nearly three years, has given up work for the present, and is at her home in Peterborough.

MISS LEGGE, R. V. H., '06, after having had charge of the Men's Medical Ward for one year has gone west, and will do private nursing in the vicinity of Calgary.

A VERY neat medicine and instrument cabinet has been donated to the Sir John Allen Ward of V. P. H., Fredericton, N. B., by Dr. T. Dyson Walker, of St. John, N.B.

ANYONE knowing the address of the following nurses: Misses B. V. Bonnell, A. Lorne, A. M. Francis, will confer a favor by sending it to the treasurer of the G. N. A. O.

THE marriage of Miss Mina Colnell, graduate of V. P. H. Fredericton, class, '05, to Rev. V. Clinton Reid, took place at the residence of the bride, St. John, N.B., on June 26th.

MISS BERTHA MCCAIN, who is engaged in private nursing at Houlton, Me., spent a few days recently in Fredericton. Miss McCain is a graduate of V. P. H. Fredericton Class, '06.

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**Swedish Movements, Medical and
Orthopaedic Gymnastics**

Term : 3 Months Tuition Fee : \$60.00

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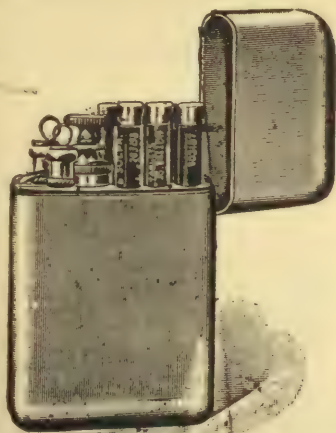
to any TRAINED NURSE on
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PHONE M. 308

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145 Wellington St. W., TORONTO, ONT.

DR. T. A. SWIFT, has been appointed medical superintendent of the Western Hospital, Montreal.

MISS FRASER, R. V. H., '05, was married in Montreal in April, to Mr. Clarence Balfour, of Montreal.

MISS STELLA LASH, of R. H., Toronto, has returned to Montreal, after a short visit with friends in Toronto.

MISS GRACE GOWANS, graduate of H. S. C., Toronto, has left for an extended tour on the continent with her mother and sister.

MISS WHITE, R. V. H., '03, has left for Baltimore to take post-graduate work at the Johns Hopkins Hospital, for two months.

MISS E. M. HOMER (Class, '06), St. M. H., has gone to Cleveland, Ohio, to take charge of an operating room in the Lakeside Hospital.

NURSE HOOPER has just returned to Hartney from Brandon, Man., and after a brief stay in the former place will go to reside in Revelstoke, B.C.

MISS MACADAM, Lady Superintendent of Victoria Hospital, Renfrew, has been granted a month's leave of absence by the Board of Governors.

MISS RUTLAND, of the Homœopathic Hospital, Montreal, and Miss Pepper, of Montreal, have both joined the staff of Bellevue Hospital, New York City.

MISS JEAN BERRY, of R. H., Toronto, has been visiting friends in Toronto and Brantford. Miss Berry has been nursing in Fort William for the past year.

MISS BERTHA A. TOYE, graduate T.G.H., was married on Wednesday, June 12th, to Mr. Wm. H. Gold, of Parry Sound. Mr. and Mrs. Gold will reside in Parry Sound.

MISS MOLONY, lady superintendent, J. H. H., Quebec, attended the annual convention of the American Society of Superintendents of Training Schools for Nurses, held in Philadelphia, Pa., the first week of May.

MISS ANNIE LOCKHART, a graduate of the Chipman Memorial Hospital, St. Stephen, N.B., and post-graduate of the Boston Floating Hospital, has accepted a position in the Bar Harbor Hospital, Bar Harbor, Maine.

MISS J. B. ROSE, V. G. H. '06, was appointed night supervisor of the Vancouver General Hospital in April. Miss Rose as a pupil nurse endeared herself to all and there is general satisfaction at her return to the Hospital.

THE McKenzie wing in connection with the J. H. H., Quebec, has been opened for the admission of patients. The Hospital now gives a very complete training for nurses including surgical, medical, obstetrical and infectious nursing.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

MARTIN H. SMITH COMPANY,

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MISS EMILY F. BAKER, of Toronto, is now at the General Hospital, Kingston.

MISS L. BLACKMORE, graduate, General Hospital, St. John's, Nfld., who held the position of theatre nurse of the General Hospital is now head nurse and acting matron of the Lunatic Asylum, St. John's.

It is hoped that all members of the Graduate Nurses' Association of Ontario, will send the annual fee for 1907-8 as soon as possible to the treasurer, Miss Hamilton, 505 Sherbourne street, Toronto.

MISS BEATTY, after one year's work as night superintendent, R. V. H., has taken charge of Men's Surgical Ward, and her place has been filled by Miss Hersey, who was previously assistant in operating room.

THE fortieth annual report of the trustees of the Lakeside Hospital, Cleveland, for the year ending December 31st, 1906, is a handsome red volume, full of interest. There are a number of fine illustrations.

MISS FREELAND, who has had charge of one private floor in the Royal Victoria Hospital, has given up her work there and is taking a much needed rest. Her place has been filled by Miss Prescott, a graduate of '05.

MISS MARY MCCARTHY, graduate of the Mercy Hospital, Chicago, and late superintendent of nurses in Savannah Hospital, Alabama, is at present in the G. & M. Hospital, Collingwood, suffering from an attack of typhoid fever.

MISS KERR, head nurse of the Eye and Ear Department, Toronto General Hospital, is spending a delightful summer with relatives in Ireland. Miss Mitchell is in charge of that department during Miss Kerr's absence.

Two up-to-date tables have been added to the furnishings of the operating room of V. P. H., Fredericton; the tables being the gift of a patient of Dr. A. B. Atherton. Dr. Atherton made the selection during his recent visit to Boston.

MISS M. MCINNES, graduate of Johns Hopkins Hospital, has been appointed night supervisor at the H. F. S. C., and Miss E. Jamieson, graduate of H. F. S. C., filled the position for a month previous to Miss McInnes's appointment.

MISS F. MADELINE SHAW, Assistant Superintendent of Montreal General Hospital; Miss Robinson, Superintendent of the General Hospital, Galt; Miss Watson, Superintendent of the Convalescent Home, Toronto; Miss Gregory, Superintendent of St. Luke's Hospital, St. Louis, and Miss Boyd, of Toronto, are amongst those who are enjoying a well-earned vacation in Great Britain and on the Continent this year.

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MISS SISLEY, matron of the City Hospital, at Saskatoon, Man., who has not been in good health of late, has resigned. We hope that rest and change will speedily restore Miss Sisley to her wonted health.

MISS LILY BURNS and Miss Florence Darling, graduates of St. Joseph's Hospital, Chatham, have been appointed to positions at Hotel Dieu Hospital, Chatham. Both ladies are recent graduates of St. Joseph's Hospital, where they did excellent work.

MISS HARTMAN, graduate, Boston City Hospital, and till recently superintendent of the Erie County Hospital, Maine, who recently underwent a severe surgical operation in the G. & M. Hospital, Colingwood, is now progressing favorably toward convalescence.

DR. JAMES ROSS, of Dundas, one of the leading members of the profession in Ontario, died at Dundas recently of pneumonia. Dr. Ross was greatly respected. He was twice a member of the Canadian team at Wimbledon. A widow and four children survive him.

MISS S. MCKINLAY, lady superintendent G. H. Medicine Hat, leaves in June for a three months' trip abroad. Miss Jean Sims, the present assistant superintendent will remain in charge during Miss McKinlay's absence. Miss Sims is a graduate of the Montreal General Hospital.

MISS LECKIE, R.N., of Kincardine, Ont., a graduate of the Mountinside Hospital, Montclair, New Jersey, and the Lying-in Hospital, New York, late assistant at Dr. Sadlier's private surgical hospital, Poughkeepsie, has been appointed head nurse of the G. & M. H., Goderich.

THE Dauphin General Hospital Training School for Nurses are enjoying the recent gift made by several members of the Board of Directors, namely, a fine sectional book case containing several valuable medical and surgical works, as well as a complete set of Sir Walter Scott's works. It is hoped that ere long the entire case may be full of good works.

MISS FLORENCE E. LESLIE, a recent graduate of the Guelph General Hospital, and lately of the Kelly Hospital, Baltimore, Md., has been appointed lady superintendent of the King's Daughters' Hospital at Portsmouth, Va. Miss Leslie is a daughter of Mr. W. G. Leslie, Eramosa.

THE graduation exercises of Victoria Hospital, Pembroke, took place at the hospital on Tuesday, June 18th, at 4 p.m., and were very pleasant and successful. There were three graduates, Miss Louise Watson, Rockingham; Miss Agnes E. Knight, Knightington; Miss Annie G. Wishart, Kenmore.

MISS ERANT (class of 1905, Winnipeg General Hospital), has resigned her position as matron of Victoria Hospital, Prince Albert, Sask., as she is going abroad for a prolonged visit to friends and relatives in England. Miss Lawford (class '06, W. G. H.), is taking Miss Erant's place as matron for a time.

First Showing of the Spring Embroideries at Simpson's



LOPPYCHT 1888
BY MEYER, BOTH

TASTEFUL WOMEN will be delighted to hear that Simpson's new embroideries are in. We are making a special and a comprehensive showing of them now. Come and see, and come prepared to admire. All the best Switzerland could show us has been culled for the utmost variety consistent with the Simpson standard of daintiness. The assortment comprises All-overs, Insertions, Edgings, Flouncings, Beadings, Skirtings, Medallions and "Baby" Edgings and Insertions in sets of Nainsook and Swiss. It is impossible to describe the beauty, fineness of quality, exclusiveness and newness of these embroideries in cold type. Here are details as to prices:

Cambric Embroideries. Cambric Embroideries from 1 inch to 5 inches wide, per yard, **5c to 50c.**

Cambric Insertions. Cambric Insertions, from 1 inch to 4 inches wide, per yard, **5c to 40c.**

Nainsook Embroideries. Nainsook Embroideries, from 3-4 inch wide to 5 inches, per yard, **10c to 75c.**

"Baby" Nainsook and Swiss Sets. Nainsook and Swiss Sets in the finest designs, 1-8 inch to 8 inches, with insertions to match, in two widths, prices per yard, **10c to 85c.**

Corset Covers Embroideries

Corset Covers Embroideries, in Cambric, Nainsook and Swiss, 16 inches wide, per yard, **25c to \$1.25.**

All-over Embroideries. All-over Embroideries, in Swiss, Nainsook and Cambric, 22 inches wide in the small dainty "baby" effects; also "Blousing" in handsome designs in "eyelet" blind and "shadow," per yard, **\$1.00 to \$3.50.**

Blousing Insertions. Insertions in Cambric, Nainsook and Swiss for "blouses" in all the latest patterns, immense assortment in "shadow," "blind" and eyelet effects, 2 to 6 inches wide, per yard, **25c to \$1.50.**

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TORONTO, ONT.

MISS GOODHUE, R. V. H., has accepted the position of assistant-superintendent of nurses in the Smith Infirmary, Staten Island. Miss Goodhue was for some time in charge of the Preliminary Course in the Lakeside Hospital, Cleveland, and has been in the Roosevelt Hospital since leaving there.

THE General Hospital at Ymir, B.C., situated in the very centre of the mining district, is a fine spacious building, well equipped, and furnished throughout by the Miners' Union. The Hospital is owned by the Miners' Union, and the patients, usually suffering from injuries, come from the mines and other centres of industry.

MISS BIRDIE MCKENZIE, of Dartmouth, and Mr. Howard Smith, of Hampton, were married on May 26th, at Bridgetown, N.S. The wedding was very quiet, only the immediate relatives being present, on account of the serious illness of the bridegroom's father. Both Mr. and Mrs. Smith were formerly on the staff of the Nova Scotia Hospital, at Halifax.

THE annual meeting of the Alumnae Association, St. M. H., was held Monday, May 6th, 1907. The election of officers took place, and the following were elected: President, Miss Lena M. Graves, St. Mich. Hospital; 1st vice-pres., Miss MacCallum, 9 Pembroke street; 2nd vice-pres., Miss Weyer, 418 Sumach street; secretary, Miss Greene, 418 Sumach street; treasurer, Miss MacNevill, 468 Church street; directors, Mrs. Day, Miss Donnelly, Miss Ryan.

THE Toronto Western Hospital Alumnae held their regular meeting on May 30th, at Nurses' Home, being the last till September. The Alumnae were addressed by Mrs. Welch, on "St. Barnabas Guild," and all were pleased to have Miss Smedley back after her illness. After adjournment Miss Smedley entertained the Alumnae to afternoon tea, ice cream and cake. The Alumnae wishes to convey congratulations to Mrs. and Dr. Stanley Miller, of Battleford, on having a son and heir.

THE Alumnae Association of the Royal Victoria Hospital, Montreal, gave a very enjoyable dinner in honor of the graduating class, '07. The dinner was held in the nurses' dining room, and covers were laid for fifty. The table decorations were very artistic, a unique effect being given by the combination of daffodils, pussy-willows and smilax. An attractive programme of music was provided by an orchestra. Short speeches were made by Miss Henderson, honorary president; Miss Gilmour, president, and several members of the Association and graduating class.

At the graduation of the class of 1907, in the Presbyterian Hospital of New York City, there were a number of Canadian nurses among the graduates, including:—Miss Alice Burbidge, daughter of Mr. Justice Burbridge, Ottawa; Miss Edith Campbell, daughter of the late Mr. Alex. Campbell, Montreal; Miss Marguerite Carr-Harris, daughter of Professor Carr-Harris, of Kingston; Miss Edith

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Removing by Vacuum Condensation a large percentage of the moisture.

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It hardens and invigorates the system, and drains the tissues of superfluous fat and moisture. Read the "Reason Why" in Health Culture, by Dr. Jaeger, and get our catalogue.

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Tilley Hegan, of New Brunswick; Miss Emma De Veber Clarke, of Kingston, and Miss Olive Holwell Kirkby, another Ontario girl, all members of the graduating class. Bishop Courtney, a Canadian, rector of St. James' Church, New York, opened the exercises with prayer. The address was given by Prof. Henry Fairfield Osborn, of Columbia University. Mr. John S. Kennedy, president of the Board of Managers, presented the diplomas, and Mr. Frederick Sturges, chairman of the School of Nursing Committee, presented the badges.

THE Medicine Hat Hospital was founded in 1889. A separate hospital was built in 1895 for maternity cases. This was enlarged in 1904 and now accommodates thirteen patients. It is nearly always full. The Nurses' Home, built in 1904, is very commodious and comfortable. This year a new wing will be added to the general building, thus giving accommodation for seventy-five patients. The staff consists of a lady superintendent, assistant-superintendent, one operating-room nurse, a graduate and thirteen pupil nurses. The course of training is three years.

THE Royal Victoria Hospital, at Montreal, recently graduated the following class of nurses: Beatrice Guernsey, Port Hope, Ont.; Stella Regan, London, Ont.; Edith Cox, London, England; Emma Baker, Midland, Ont.; Carrie Jones, Belleville, Ont.; Celestina Green, Golden, B.C.; Harriet Drake, Montreal; Kathleen Edsall, Bowmanville, Ont.; Laura McGee, Port Daniel, Que.; Winifred Bryce, Gananoque, Ont.; May Sharp, Williamsfield, Jamaica; H. Needham Ellard, Pickanock, Que.; Maude M. Edgar, St. John's, N.B.

MISS MARY E. DE PENCIER, who has been for twelve years in charge of institutions, has resigned her position as Superintendent of St. Luke's Hospital and Training School for Nurses, Newburgh, N.Y., and gone to reside with her father at Burritt's Rapids, Ont. We understand that the condition of her father's health rendered this desirable, but Miss de Pencier will be very much missed in St. Luke's. On the occasion of her leaving, the junior nurses presented her with a set of silver fruit-knives and the senior nurses a silver tea service. The Alumnae Association, of which she was Honorary President, presented her with a handsome case of silver coffee spoons.

THE graduating exercises of the Victoria Training School, London, Ont., were held on May 22nd, in the Auditorium, before a large gathering of admiring friends. The class consisted of seventeen graduates seated in a semi-circle across the stage, all dressed in pure white and wearing the official cap. His Worship Mayor Judd occupied the chair, while beside him were Chairman Sreaton, of the Hospital Trust Board, Rev. Dyson Hague and Drs. Macallum and Niven. Rev. Mr. Hague opened the programme with an earnest prayer for the success of the nurses in the life they had chosen. Solos were ably rendered by Mrs.

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Munro, and Messrs. Cyril, Dwight, Edwards and Black. Dr. Macallum gave a most interesting address from the physician's standpoint. Chairman Sreaton administered the Florence Nightingale Pledge, which was solemnly repeated after him by the nurses. Then as Mayor Judd called the names of the nurses, they advanced and received their diplomas and medals from Mr. Sreaton. The next proceeding was not mentioned on the programme, but proved to be one of the prettiest incidents of the afternoon. Flowers in such profusion were loaded upon the graduates, that the semi-circle became a gorgeous perfumed arc of roses, carnations and baskets of American beauties, hiding the smiling happy faces of the fair graduates. Miss Darville won the gold medal and Miss Thomson won the silver medal of the class. These medals were presented by Dr. Niven, who explained that they were given for general proficiency, and not for excellence in any one department alone. In the evening an At Home was held in the Nurses' Home. The occasion was honored by the presence of His Worship the Mayor and Mrs. Judd, and members of the Hospital Trust and their wives, friends and relations of the nurses to the number of about four hundred. The Home was beautifully decorated with the flowers presented to the nurses during the afternoon. Miss Stanley, superintendent of nurses, together with her assistants, received the guests of the evening. Dancing and cards were indulged in, and excellent music was furnished by the orchestra. Friends of the graduates were present from Toronto, Hamilton and many other Ontario towns. The graduating class consisted of:—Misses Josephine Archer; May B. Armstrong; Florence Darville; Ada M. Evans; Edna Given; Gertrude W. Hagar; Kate Hornegold; Jennie Johnston; Margaret Kennedy; Jeanette McVicar; Saidie McKinnon; Leila M. Reynolds; Margaret Sinclair; Annie Talbot; Mary E. Thomson; Florence Waugh; Isabella Wilson.

THE Pembroke Cottage Hospital had an air of excitement on Wednesday evening, May 1st, being the occasion of a bandaging contest between the nurses of the staff. Drs. Josephs and Sparling, the judges, pronounced the work all excellent, and awarded first prize to Miss Kidd and Miss M. Fraser, and second to Miss Curry. The prizes were handpainted blotters. Miss Curry and Miss Kidd having completed their course of training, and having passed a most creditable examination, were presented with their medals and certificates. They received hearty good wishes and congratulations from all present, and were each presented with flowers by Mrs. Dunlop, the president. The nurses served refreshments, after which a most enjoyable evening came to a close.

ONE of the prettiest spring weddings in Kingston, was the marriage of Miss Amy Wartman, the daughter of Mr. and Mrs. B. A. Wartman, of Kingston, to Mr. Edwin James Adams, E.C., architect. The beautiful old Princess street residence of Mr. and Mrs. James Craig, where the wedding took place, looked its best at the moment

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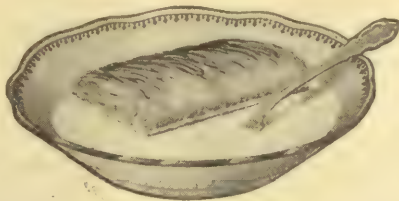
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when the Rev. Dr. Mackie, of St. Andrew's, performed the ceremony, the sunlight streaming in through the French windows on the flowers and other decorations. The bride's ornaments were a gold necklace and pendant, the gift of the groom, and a lovely brooch of amethysts and pearls from the Kingston Nurses' Alumnae. Mr. and Mrs. Adams will live in Ottawa, where many wishes for their happiness will follow them.

THE death of the late Dr. Frederick W. Lewis, M.P.P., of Orangeville, which took place last month, is a great loss to the medical profession in Ontario, and to the Conservative Government, of whom he was a staunch supporter in the local House. Dr. Lewis was a man of strong convictions, and an upright and conscientious man. He had great influence in the county. Those who heard his witty speech in the House on patent medicines, and still more those of us who remember his kindly support of the Nurses' Bill, "No. 106," will not need to be told what a good debater he was. In Orangeville on the day of his funeral, business was suspended and the town was crowded with members of the Ontario Government and Legislature and many others as well as members of the Orange and Masonic orders, who came to pay their last tribute of respect.

THE recent graduating exercises of the Royal Victoria Hospital Training School for Nurses, held in the spacious Assembly Hall of the Nurses' New Home, were largely attended, members of the Hospital Board, of the Medical Staff and friends and relatives of the graduating class being present. Dr. W. F. Hamilton read the valedictory address, which was thoroughly enjoyed and appreciated by all. Pins and diplomas were presented by Mr. R. B. Angus, president of the Hospital to the following nurses: Misses Beatrice Guernsey, Stella Regan, Edith Cox, Emma Baker, Carrie Jones, Celestine Geen, Constance Green, Harriet Drake, Kathleen Edsall, Laura McGie, E. Josephine Cornell, Bertha Kirk, Winifred Bryce, May Sharp, H. Needham Ellard, Maude Edgar. After the exercises a reception was held in the nurses' dining room, which was beautifully decorated for the occasion.—*R.V.H., Montreal.*

A PRETTY informal event occurred at the General Hospital, Guelph, Monday afternoon, June 3. The occasion was the presentation of diplomas, medals and bouquets to the graduating class, who have successfully completed their examinations. The relatives and friends of the class with the superintendent, Miss O'Neill and others of the nursing staff and the Directors assembled in the reception room shortly after five o'clock. Mr. Alexander, chairman of the Board presided, and different members of the Board presented the diplomas to the nurses: Miss Nellie McMurray, Leesboro; Miss Florence Young, Rockwood; Miss Helen Maitland, Guelph; Miss Irene Robinson, Drayton; Miss Isabel Paton, Merriton; Miss R. Cunningham, Guelph; Miss Sarah Huggins, Beachville; Miss Bea-

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trice Morris, Guelph. Miss Paton received the highest total of marks in the examination. Miss Young received a special prize, a handsome case of surgical instruments given by Miss O'Neill for the highest marks in the superintendent's examination. After the presentation the company repaired to the lawn where dainty refreshments were served.

THE graduating exercises of the Lady Stanley Institute in connection with the General Protestant Hospital, Ottawa, were held in the Institute, Tuesday, May 28th, at 4 p.m. Mr. Geo. Orme, president of the Board of Directors, was in the chair, and the diplomas and pins were presented by Mrs. R. L. Borden to the graduating nurses. Dr. E. B. Echlin and the Rev. A. A. Cameron addressed the nurses and gave them some very practical and kindly advice. A pleasing feature of the exercises was the presentation by the president of a special prize for the highest marks in practical nursing to Miss Jean Dolan; and also by the chairman of the House Committee of a prize for the highest marks in theory, to Miss Ethel Wardrope. Owing to the inclemency of the weather tea was served in the Institute instead of on the lawn as has been the custom in previous years. The names of the graduates are as follows: Miss Lissa Sutherland, Montreal; Miss Edith Strong, Carleton Place; Miss Jean Dolan, Carleton Place; Miss Ethel Wardrope, Belleville; Miss Lena Upton, Perth; Miss Jessie Potts, Ottawa; Miss Beatrice Williams, Ottawa; Miss Jeanette O'Brian, L'Orignal; Miss Allie Burns, St. John, N.B.

THE graduation exercises of the Training School for Nurses (class of 1907), at the Winnipeg General Hospital took place in the Reception Hall of the beautiful new Nurses' Residence, and were much enjoyed by a large audience. The Hon. William Hespeler occupied the chair and was supported by Capt. Carruthers, Rev. C. H. Stewart, George F. Galt and Dr. Devine. A fine programme of music was provided by Mrs. J. C. G. Armitage, Mrs. Higginson, Mr. Kitchen and Mr. Baly. The graduates' medals were presented and pinned in place by the lady superintendent, Miss Wilson, and at the same time bouquets were presented to graduates by the chairman and Captain Carruthers. The prizes were presented as follows by George F. Galt, Esq., chairman of the Hospital Board. For highest general proficiency the prize (presented by the Ogilvie Milling Co.) was awarded to Miss Martha Matheson. For bandaging, the honors fell equally to Miss Elizabeth E. Kidd and Hattie Robinson; the prizes being the gifts of Mr. E. L. Drewry and Dr. Halpenny. Miss Annie Johnston and Miss Maria Herman were also equal in charting. The prizes were donated by Miss E. M. Bain (in memory of Mr. Justice Bain), and by Doctors R. J. Blanchard and O. Bjornson. Miss Martha Matheson carried off the award for obstetrics, the prize for which was given by Dr. D. H. McCabnan; and Miss Annie M. Forrest was the successful candidate for Dr.

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W. S. England's prize for practical work. The following is the complete list of the nurses graduating in the year 1907:—Annie Louise Armstrong, Maud Evelyn Aston, Jessie P. Duncan, Nettie E. Fallis, Annie M. Forrest, Minnie M. Frost, Mabel F. Gray, Jessie R. Hamilton, Maria Herman, Mary Janet Irving, Annie E. Johnston, Inga Johnston, Elizabeth E. Kidd, Isabel Laidlaw, Martha Matheson, Mary Montgomery, Henrietta E. Nicholson, Dora Peterson, Jessie Nelson Reid, Hattie Grace Robinson, Carrie B. Rutledge, Beryl St. Denis, Susie G. Staples, Mabel E. Taggart and Alice Mabel Wilkins. Addresses were made by Captain Carruthers, who reviewed the history of the Hospital, and paid a well-deserved tribute to the Ladies' Aid Society, and by Dr. Devine, who spoke of the importance of loyalty and obedience on the part of the nurse. The chief address of the occasion was made by the Rev. C. H. Stewart, of St. Paul's Church. Mr. Stewart said:—"You are now graduates of the General Hospital, and although I may not be qualified to speak with authority, I think it is no exaggeration to say that that great institution is second to none in Canada. Let me remind you that yours is the noblest of all professions; indeed I can conceive of nothing that is more heroically unselfish than to espouse the cause of the weak, the sick and the unfortunate. A profession so truly noble as yours is worthy of your training, worthy of your devotion, worthy of all the gentleness, skill and grace of your womanhood. In these days of engrossing commercialism the question is asked by those entering the profession 'what return in dollars and cents will my profession give?' I think I can say without affectation that this is the least important of all questions. There is not a person in one of the professions to-day worthy of it who is not doing his or her best for the love of it, and, ladies, I am sure this will be your highest and constant incentive. I hope you may find gratifying results even from a financial point of view, but I want to tell you that your chief reward will be in an altogether different direction. For the real service you are rendering suffering humanity, you never can be paid in money. What is a paltry \$20 or so a week compared with comforting or saving a human life? No, your reward will rather be in the gratitude of those to whose need you have ministered, in the respect and honor accorded you by the community in which you live; above all in the reflex influence which all true service is bound to exert in the strengthening, enriching and ennobling of all that is highest and best in your own womanhood. Again, I congratulate you most heartily on the happy issue of your arduous course. I wish you every joy and blessing in your career and a hearty God-speed." (Applause.)

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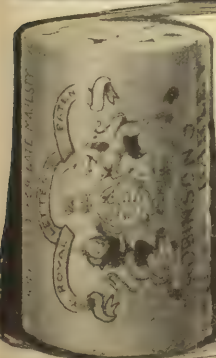
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The Nurse's Library.

Infectious and Parasitic Diseases. By MILLARD LANGFELD, A.B., M.B. Thirty-three illustrations. Philadelphia: P. Blakiston's, Son & Co. \$1.25.

This introduction to the study of an important subject was written primarily for the use of nurses, but students of medicine and even the intelligent lay reader will find here much to interest and to instruct. It is one of the numerous good books inspired by working at Johns Hopkins University. The language and the explanations are clear, simple and attractive, and the facts are thoroughly scientific and up-to-date.

The Care of the Baby. By J. P. CROZER GRIFFITH, M.D. 455 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$1.50 net. Toronto: J. A. Carveth & Co.

The present is a new edition (the fourth) of a book that has long been acknowledged as one of the best of its kind. For mothers, for nurses, indeed for all those interested in the care of children, this is a book at once authoritative and practical. It is written in simple and non-technical language, and has proved a boon to many. Its popularity and usefulness are steadily increasing. The present edition has been thoroughly revised.

Materia Medica for Nurses. By GEORGE P. PAUL, M.D., of the Samaritan Hospital, Troy, N.Y. 240 pages. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$1.50 net. Toronto: J. A. Carveth & Co.

Chapters on practical therapeutics and hydro-therapy add to the value of this book which is a good text book of materia medica for nurses practising in the United States.

Text Book of Anatomy for Nurses. ELIZABETH R. BUNDY, M.D. Philadelphia: P. Blakiston's Son & Co. \$1.75.

This is an excellent text book of anatomy for nurses. It is well-printed, fully illustrated, admirably arranged and carefully written. Dr. Bundy was a member of the nursing profession, and superintendent of Connecticut Training School for Nurses, before entering on medical work, a fact which, taken with the further fact that she was professor of anatomy in the Women's Medical College of Pennsylvania, and clinical teacher in the Women's Hospital of Philadelphia, shows how well prepared she was for the task of writing this text book. The result of her lectures is a good and useful book.

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A History of Nursing (first notice). By M. ADELAIDE NUTTING and L. L. DOCK. New York: G. P. Putnam's Sons.

By the courtesy of the authors and publishers we have been favored with the plate proof of the first ten chapters of this important work, to the publication of which the CANADIAN NURSE and her readers have looked forward with so much interest and satisfaction. We may say at once that, in our opinion, the book amply justifies the great expectations entertained of it by us all. The early chapters evince an industry and conscientiousness in work that cannot be too highly praised, devoted as they are to nursing before the dawn of history, nursing among the ancient civilizations and finally nursing among the Hebrews, the military orders, the monastic and religious orders, the secular orders. Then follows the history of nursing in the earliest French and continental Hospitals, and finally we come to the French and Spanish Hospitals in America, of which the Hotel Dieu, at Quebec, is the second oldest surviving hospital of North America, and was founded by the Duchess D'Aguillon, niece of Cardinal Richelieu, who came to New France in 1639, accompanied by three Hospital sisters. Many interesting details are given of the history of this Hospital, one of its earliest trials being the outbreak of an epidemic of smallpox. We can only say, in closing this preliminary notice, that it confirms our previously expressed opinions of the value of the book, and a copy should be ordered forthwith for every nurses' library.

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

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The attention of nurses is called to special post-graduate courses at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, in Massage, Swedish Movements, Medical and Orthopedic Gymnastics, Electricity and Hydro-Therapy opening in July and October. Without extra charge we will give this year in connection with our course in massage a course in the Nauheim bath treatment and Schott exercises for heart diseases.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, SEPTEMBER, 1907.

No. 9

THE TRAINED NURSE AS A FACTOR IN MUNICIPAL HEALTH WORK.*

Of the many co-ordinate branches of the nursing profession there is probably no other affording the same measure of public service as that branch associated with municipal authorities in protecting the health of the public at large.

In numerous lines the trained nurse has been tried and not been found wanting, but in no one line has her need been more keenly felt, and her efforts more clearly productive of inestimable benefit to mankind, than in the part she has so worthily filled in municipal affairs.

During the past decade the nursing profession has made great strides in its chosen work, and the utility of the trained nurse as an adjunct in solving public health problems has been amply proven.

To New York belongs the honor of being the first city in the world to institute a system of school nursing under municipal control. In addition to this service, we have now a staff of nurses assigned to duty in the work of the prevention and cure of tuberculosis and a separate squad detailed to visit, and care for, cases of contagious diseases.

The work of the nurses attached to the Department of Health of New York City has been of great value. There is no longer a question as to the place of trained nurses in municipal health work. They have proved their efficiency and the system is an unqualified success.

In the branch of public service which has for its object the care and preservation of the health of the school child the trained nurse fills a most important position. The medical inspection of school children is a demonstrated necessity. The experimental period of this system has long since passed. Its worth and economic value are proven. The question is no longer, "Shall we have a system of medical school inspection?" but "How may we elaborate this system in order to obtain the best results?"

*Read before the Nurses' Association, Richmond, Virginia.

When the public once realizes the beneficent effects of this system, the means for its enforcement will most certainly follow. Money spent in this way is an investment of the highest type. Its dividends are mental, moral and physical health; invaluable assets for any community, from an economic and humanitarian standpoint.

Proof by means of demonstration is more convincing than infinite theorizing, and it is my purpose to tell you of our work in New York City and let it justify itself.

The first system of school nursing on record is that instituted by Miss Honor Morten in London, England, in 1898. This was pursued, in a small way, with the consent of the school management committee, but the work, as well as that instituted later in Liverpool, was paid for by public subscription collected by the School Nursing Society. It was not until 1902, when New York City placed this work under municipal control and on an organized basis, that the system, as we consider it to-day, can be said to have had its real inception.

In 1897 New York placed in operation a regular system of medical inspection of school children. This was the result of an investigation previously made to determine the extent in which the segregation of children in public schools was responsible for the prevalence and transmission of contagious diseases. It was found that many children were attending school while suffering from diphtheria and scarlet fever, as well as many of the less serious contagious affections.

For several years the physicians appointed by the Department of Health for this purpose visited the schools each morning and examined all children who were sent to them by the teachers as being suspected cases of illness. All children found affected with any contagious disease were immediately sent home. The weak spot in this system was that it placed on the teachers the responsibility of deciding as to the health of the child. The teachers were conscientious, and loyally co-operated with our efforts, but it was apparent that many cases escaped their observation. Notwithstanding this drawback, during the first year 108,628 children were examined and 6,829 were excluded.

In September, 1902, this defect was remedied by so elaborating our system as to include the inspection by the medical inspector of each child in the class-room at least once each week. The result of this more comprehensive care was startling. During the first month 10,567 children were sent home. As had always been the practice, each excluded child was given a card stating the reason for its exclusion. In the more serious class of contagious ailments such as diphtheria, scarlet fever, measles and chicken-pox the Department of Health assumed charge of the case and the child was under supervision until the termination

of the illness. Then a certificate was issued allowing it to return to school. These cases, however, were in a minority. By far the greater number of excluded children were those affected with pediculosis and contagious eye and skin diseases. These children, in many instances, received no medical care, and if they returned to school were promptly re-excluded. This seemingly encouraged truancy, and the class-rooms were seriously depleted. Another evil, no less serious than that of loss of schooling, was the fact that these children played in the streets and thus transmitted their affections to other children.

The Department of Education protested against the loss of school time of the excluded children. The Department of Health fully sympathized with this attitude and concluded that by utilizing the services of trained nurses this objection might be fully overcome.

The whole efforts of the system had heretofore been directed towards the policy of exclusion. A study of the situation showed that those children affected with the minor contagious ailments might be allowed to remain in attendance at school provided that they could be kept under regular control and treatment.

Miss Lillian Wald, of the Nurses' Settlement in New York, with the co-operation of the Department of Education and Health, evolved a tentative plan to test the expediency of employing nurses to solve this problem.

In October, 1902, one nurse volunteered her services, and during that month gave 893 treatments. As a result of her work 25 children, who had been absent, and who were not receiving treatment, were returned to school. She made 137 visits to the homes of excluded children and instructed the mothers as to simple but effective methods of treating pediculosis and contagious eye and skin diseases. In December, 1902, a staff of nurses was appointed and regularly assigned to duty.

In order to facilitate the work a card index system is used. This consists of one or more cards for each class-room so arranged that a record can be made of the name of each child affected together with the diagnosis of its disease. Columns are provided for recording the date upon which the child was ordered under treatment; date or dates when it was observed to be under treatment; dates of exclusion and re-admittance, and data regarding the termination of the case.

When the medical inspector examines the children each day, all of those affected with serious contagious affections are immediately sent home. The children affected with pediculosis, contagious skin diseases, and contagious eye diseases have their names recorded and are told to go to their physician, a dispensary or to the school nurse for treatment. All cases in which it is evident that treatment will otherwise be neglected are sent to the

school nurse. None of these children are, at this time, excluded. At the end of forty-eight hours they are re-examined by the medical inspector, and if then they show no evidence of treatment they are sent home.

During 1903 the number of exclusions were 65,294; during 1906 there were only 5,398. This result was due very largely to the system of nursing. The main reductions were in the number of minor contagious ailments excluded. Using these two years, 1903 and 1906, as a basis of comparison, the reduction was as follows:

	1903	1906
Contagious eye diseases	32,525	2,746
Contagious skin diseases	4,029	495
Pediculosis	21,100	302

The nurses are each assigned a group of schools. They visit these each morning at a specific time, and the medical inspector sends to them the children needing treatment. Each child brings a slip of paper on which is written the code number indicating his disease. The nurses have a room in each school set apart for their work. The necessary supplies are furnished by the Department of Education. The methods of treatment to be used in each disease are established by the authorities of the Department of Health, so that the nurse follows a regular procedure in each case. The principal diseases treated by the nurse are: acute and chronic conjunctivitis, ringworm of the skin or scalp, eczema, scabies, favus, impetigo and molluscum contagiosum. Pediculosis is not treated in the schools. These children are assembled in groups and instructed as to methods of treatment, verbally and by means of circulars printed in a language suited to the nationality of the child.

Trachoma, for obvious reasons, is not treated by the nurse. These cases are so prevalent, however, that the Department of Health has found it necessary to establish a hospital and two dispensaries for its exclusive treatment. Nurses are assigned to duty at these places to assist the doctors in the necessary operations and treatment.

1,385 operations were performed and a total of 187,717 treatments given in the eye hospital and dispensaries during 1906.

The children report to the nurse, at stated intervals, as long as treatment is indicated. They are thus kept under constant observation, lose no time from their school duties, and on account of this persistent treatment the contagious element is kept under control and the children are no longer a source of danger to their schoolmates.

In the spring of 1905 the medical inspectors began making complete physical examinations of the school children. They now go through the class-rooms for a routine inspection only at the beginning of each school term. The medical inspectors make

their morning visit and inspection of the children, but the nurses make the weekly routine inspection in the class-room. If there is any doubt as to the diagnosis of any case the nurse sends the child to the doctor. Those children affected with the graver forms of contagious disease are excluded, but those with minor forms are kept under her control and report to her as usual for treatment.

After school hours the nurse obtains from the records of the doctor the names and addresses of all children who have persistently neglected treatment. These she visits at their homes, and this work has proved to be especially valuable. Too much credit cannot be given to the nurses for the humanitarian efforts they have displayed. The mothers are often antagonistic, and tact and persistency are needed to overcome their objection to what they at first frequently regard as an intrusion. No instance has ever come to my notice in which the nurse has failed in this, the highest spirit of her profession. Many helpful suggestions and practical aids are given by the nurses. Often the actual work is entirely outside of the duties required of them. Cases of poverty have been brought to the attention of charity organizations. The need of cleanliness in the home is tactfully demonstrated, the children are inspired to greater attention to personal hygiene, and when the purpose of the nurse's visit is once understood the response is generally hearty and most gratifying.

This part of the work of the nurses is by far the most important in its direct results, and most far-reaching in its direct influence. In the first visits made by the nurses it was amply proved how often the efforts of the medical inspectors were defeated by the ignorance of the parents. They found the envelopes, containing the exclusion cards, put away unopened. They detected the unsanitary conditions that were propagating the very troubles for which the children were excluded. Instances were common of children with contagious eye disease using towels and other linen in common with the entire family; whole families were found with neglected pediculosis, showing the futility of curing the school child only to have it reinfected at home, and there were numerous instances of children with contagious skin diseases working upon, and carrying bundles of, sweat-shop clothing. Unsanitary conditions of dwellings, defective plumbing and filthy yards furnished a clue as to the propagation of disease. Many cases of contagious diseases were discovered.

It was evident that the ameliorative efforts of the medical inspectors were rendered of little use in the face of such home surroundings. The real preventive work must be accomplished in the home.

When the mother is overburdened with work, or where there

are smaller children who cannot be left alone, the nurses often take the children to a dispensary. As soon as evidence of treatment is shown the child is allowed to return to school, and the nurse persists in her visits and advice until this desired result is achieved.

Thus the time lost from school work is reduced to a minimum and, as I have already shown you, the number of exclusions has markedly decreased.

During 1906 the nurses made 10,207 visits to the schools. They gave 565,427 instructions for pediculosis and trachoma and gave 96,009 treatments for contagious eye and skin diseases, having a total of 48,226 children under treatment. 27,572 visits were made to the children in their homes.

The improvement in the children, aside from the cure of disease, has been marked since the nurses were assigned to this work. They take pride now in their personal appearance. Clean hands are the rule instead of dirty ones. The use of the tooth brush and wash cloth is an actual verity instead of a dreaded theory. Even clothes are cleaner and general bathing more frequent. The well-known story of the children who have their clothes sewed on them for the winter is becoming a legend of the past.

In the complete physical examination of school children, as now practiced by the medical inspectors, the nurses have been of great service. In each case where any abnormality is discovered a notice to that effect is sent to the parents with the advice that the child be immediately placed under medical care. By a system of return postal cards, to be filled out and mailed by the physician, we are enabled to know whether or not the child has been attended to. When this postal is not received by the Department a nurse visits the family and explains the need of treatment. In this regard I wish to quote the following from the annual report for 1906 of the supervising nurse:

"The year just finished has proved one of remarkable interest and profit to the children, owing to the persistent teaching of cleanliness by the nurses. The most gratifying result, perhaps, is the bright, intelligent look in the faces of many of the children who used to look tired and careworn. This is principally due to the care given to the eyes, and the constant efforts of the nurses in obtaining glasses for the children with defective sight, in many instances paying for the glasses themselves rather than see the children go without.

"The nurses have taken a number of children to hospitals and dispensaries for the removal of adenoids and enlarged tonsils when the mother was unable to do so. The results are remarkable. Children formerly considered 'defectives' are among the brightest and most studious in the class. The children are more careful in keeping the skin and hair clean; filthy clothes

are now an unusual feature, and the air in the class-rooms is decidedly better owing to the prevailing cleanliness."

In this work of the physical examination of school children it is of interest to mention the amount and character of the results. During 1906 there were 78,401 children examined—of these 56,259 were found to be in need of treatment. Included in the abnormalities discovered were 17,928 instances of defective vision; 39,597 cases of defective teeth, and 27,744 children with enlarged tonsils or adenoid growths. 66 per cent. of these affected children were of foreign birth.

Contagious Disease Nursing.—The nurses assigned to duty in the care and nursing of cases of acute contagious diseases are restricted to this class of work. The cases visited are those reported as needing this care by the medical inspectors of the Division of Contagious Diseases. They include diphtheria, scarlet fever and measles.

The nurses report daily, except Sunday, at a specified time and place, receive a list of the calls to be made, and prepare their bags for their daily rounds. Each bag contains an aseptic gown, cap, gauze, cotton, thermometer, scissors, solution of carbolic acid, bichloride of mercury tablets, boric acid powder, alcohol and tincture of green soap. Each nurse changes her gown for one of washable material before beginning her "rounds."

Arriving at the home of the patient, she removes her hat and wrap, hangs them in the least infected spot, puts on the gown and cap, and prepares a solution of bichloride of mercury for her hands. She then ascertains what treatment has been ordered by the physician in charge of the case and proceeds to carry out these orders.

When no orders have been left, the usual mode of treatment consists in giving a bath, cleansing the mouth and making the bed clean and comfortable.

All clothing is immersed at once in a disinfecting solution. The necessity for this, as well as for isolating separate dishes for the patient, is impressed on the family. Instructions are given as to complete isolation of the case and methods to be used in preventing the spread of the contagion.

A written record of everything done for the patient is left for the physician.

Having made the patient as clean and comfortable as conditions will permit, the nurse removes her own protective clothing, replaces them in the bag, and, having disinfected her hands and put on her street clothes, goes to the next case.

After the work for the day has been completed, the nurse returns to the office, puts her nursing outfit in a basket provided for that purpose, and sends them to the disinfecting station for sterilization. This is done each day.

Care is taken to assign patients with the same disease to each nurse.

Included in the work performed by these nurses is giving baths for the reduction of temperature, for general cleanliness and to aid desquamation. Inunctions, enemata, irrigations and spraying of different affected parts are part of their duties.

Mothers are instructed in the proper preparation and administration of food and medicines, and how dishes and clothes are to be disinfected. Hangings and old clothes are removed from walls; children are taken from feather beds in dark rooms and put where as much light and air as possible may be had. Many things which are sources of contagion are removed, and the most hygienic conditions the homes will allow are carried out.

This work has proved a valuable adjunct in the prevention of contagious diseases as well as in their care.

During 1906 the nurses in this division made 4,959 visits to patients ill with scarlet fever, measles and diphtheria.

Tuberculosis Nursing.—Under the system of compulsory notification of all cases of tuberculosis the physician reporting the case is asked by the Department of Health whether he wishes the case visited and instructed. No case reported by a private physician is visited without his consent. All cases reported by charitable organizations and by clinics are taken in charge by the Department.

In order to limit the spread of this devastating plague, it is not enough to know that the case is being treated. It is of equal if not greater importance to keep the case under observation and control and so educate the patient and the family that the former may have a greater chance of recovery and the latter be protected from acquiring the disease. This can only be accomplished by personal visiting, and the trained nurse here finds a broad field for effective work.

As a part of the scheme having for its object the prevention and cure of tuberculosis the trained nurse has proved herself almost indispensable, and certainly the energy expended in combating and eliminating this dread disease is humanitarian work of the highest type. The results so surely attained are their own reward. In New York City each nurse has a district and each day receives a list of all cases she is to visit. The sanitary condition of the premises is noted, and if in need of attention a report is made to the proper authorities. Care is taken to learn the domestic and financial condition of the patient; need of assistance; knowledge on the part of the patient of the nature of his disease; the care taken to prevent the spread of the disease, previous or simultaneous occurrence of other cases in the same family or on the premises, and if the case is under treatment, with name and address of the physician or institution. When the patient knows he is suffering from tuberculosis, full instructions are given. In every case, however, the danger of promiscuous spitting and the necessity for the destruction of the sputum is clearly pointed out, and the family are always instructed.

All of the above data is recorded on a special card, and this is returned to the Division of Communicable Diseases. Recommendations for the correction of unsanitary condition of the premises, as well as need of financial assistance, are transmitted to the proper authorities. Sputum cups are provided free, careful instructions are given as to the disposal of sputum, the use of separate eating utensils, the necessity of fresh air, the advisability of sleeping alone, and essential general hygienic care.

If the patient has no regular medical care he is referred to a dispensary. If milk and eggs seem desirable for the patient's welfare and he is too poor to obtain them, arrangements are made for a daily supply from a diet kitchen.

Suitable cases are urged to enter hospitals or sanatoria. In short, the nurse personally urges and instructs as to sanitary requirements favoring the recovery of the patient and the limitation of the infection. A circular of information to consumptives and those who live with them is left in each case.

Cases are revisited at regular intervals. In event of removal, recovery or death of the patient, the nurse reports this fact, and the Department of Health orders the premises disinfected or renovated. If patients persistently neglect medical treatment and sanitary precautions, and thus become a menace to others, forcible removal to a hospital is recommended.

In connection with this work, nurses are assigned to duty at the Department of Health clinics for the treatment of communicable pulmonary diseases; at the Department hospital for tuberculosis cases on North Brother Island, and at the Department of Health's tuberculosis sanatorium at Otisville, New York.

Altogether the Department of Health in New York City employs a staff of 75 nurses; 53 are assigned to the Division of Medical School Inspection; 3 to the Division of Contagious Diseases, and 19 to the Division of Communicable Diseases for duty in the various branches of the tuberculosis work.

In conclusion, let me state that every municipal health board should have a nursing service. Without the services of the nurses, the work of medical inspection of school children and prevention of tuberculosis cannot be thoroughly and effectively performed.

The trained nurse as a factor in municipal health work is a force potent for good, and her latent possibilities have not yet been fully developed.

As a result of our experience in New York City, I can unqualifiedly commend the employment of nurses as aids in the work I have outlined. I trust that such a nursing service may soon become an established fact in every community.

THOMAS DARLINGTON M.D.,
Commissioner of Health.

New York.

THE DEEP SEA MISSION HOSPITAL AT ST. ANTHONY.

In 1895 we paid our first visit to St. Anthony. We had come from St. John's in the mail boat, and landed here to join Dr. Grenfell in the SS. "Sir Donald" (a little steamer given by and named after Lord Strathecona.) In this little boat we sailed across the Straits of Belle Isle to Labrador, Battle Harbor, and on to Indian Harbor—two hundred miles north. The people were proud to show us about the place, and they pointed out a spot where a church had once stood, and had been completely blown away one night. They told us how much they would like to have a hospital like those on Labrador. At that time it seemed impossible that their hopes would be realized. These fishermen prayed that they might have one, they pleaded with Dr. Grenfell. They said they would get the wood and help to build it. At that time he was powerless to grant their request for want of funds. At last the doctor decided to spend a winter with them, and he saw how great the need was for such a hospital. The only other hospital on the island was at St. John's. No hospital, no doctor for hundreds of miles. The people poverty stricken, and nearly starving in the winter after a bad fishery.

One day he himself headed a band of some forty fishermen, and went into the woods to cut the lumber, and great was their joy when the first load of lumber was hauled out by dogs and komatik, so "faith" and "works" won the day. They continued doing this for some winters, and in 1903 Dr. Grenfell spent his first winter in the hospital, which was far from being finished. He had to go up a ladder to his bedroom, and in every room there were shavings, and lumber drying. He had a young Englishman, and a Canadian as companions, and one of them did the cooking—sardines and cheese were the principal things they had.

Many patients came for treatment; some had to be taken in. One of the native women came to help look after the patients.

In 1904 Dr. and Mrs. Simpson had charge of the hospital, and the following winter Dr. Grenfell and I. Work was begun in real earnest in the now completed hospital of sixteen beds, with an operating room quite up to date. Cases for operation soon came in, and were sent home quite well. Besides our patients we had five orphan children, for as yet the orphanage was not finished, and we had no one to take charge of it.

At Christmas we had an outbreak of measles in the harbor, which was traced to a man who had been to St. John's. In spite of isolation seven of our family were down, including the cook, and one of the maids. Of course, no more cases could be taken in until the measles were over, and the place disinfected.

In February the children went to live in the orphanage. We got a widow to look after them under my superintendence. Then

began classes for basket-making and sewing—while other members of our staff had classes for carpentry, weaving and drill. During the season here we had fifty cases and twenty operations. The following are some of the cases we had in: Gun-shot wounds, hernia (one of these patients was sent home as incurable from St. John's; he did remarkably well, and says he is a new man); mastoiditis, tubercular glands, beri-beri, pneumonia, phthisis.

Our staff consists of two ward maids, a cook and housemaid. They are all native girls. The ward maids are trained to do the work of a nurse, but on account of their lack of education one is unable to make very much of them. They are willing, obedient, and do not mind in the least what they have to do. Some are very quick to learn. One ward-maid afterwards became matron of the fever hospital at St. John's.

To get a good cook is a great difficulty. The most they have ever seen cooked is salt beef and pork, cod fish and "plum duff." So that food for very sick patients and ourselves has to be done by the Sister in charge.

On Christmas Eve the order was given to the cook to be sure and have the pot boiling ready for the pudding to go in directly after breakfast. On entering the kitchen the next morning the first question asked was, "Does the pot boil, cook?" "Yes, Sister, and the pudding is in, and he's been boiling a good spell." The pudding in the pot! It must come out or else it will boil two hours too long. It was taken out, and put into a steamer, and the puddings for the patients put into the pot.

On going into the kitchen again, the cabbage was found to be in the pot with the puddings! It was "hailed" out, washed, and put into another saucepan.

The nursing of patients, the operations, training of girls for their different work, the cooking and classes give one plenty to do, and make life very interesting and happy, because the work is done for One who has said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

CECILIA WILLIAMS.

THE HEAD NURSE—VIII. ORDERS AND REPORTS.

To have the orders written so clearly and plainly that they are easily understood is the first step toward having them carried out. This is another of the important duties of the head nurse. The orders actually given by the physician constitute but a small part of the treatment actually required. In most hospitals there are "standing orders"—general instructions to be observed in regard to all patients, unless exceptions are definitely made for good reasons. Years of experience with nurses, good, bad, and indifferent, has taught at least one superintendent that if good

nursing is expected, the standing orders cannot be too full, too definite or explicit, or posted too conspicuously. One would naturally expect any nurse to know enough, for instance, to comb a female patient's hair every day without being told. It is only after repeated disappointments, because of taking things for granted, that superintendents have learned to include such commonplace duties in the standing orders. It is not a good plan to depend on standing orders being written in the front pages of the order book. There is always the danger that they will not be carried over to the new book and some part of the house will be without standing orders. Neither is it well to simply post a copy on the wall to be removed by the pagan house-cleaners and possibly be carried out with other papers. Have the standing orders printed or typewritten, framed under glass, and posted in the bathroom, diet kitchen, over the writing table, or some other place where the nurses cannot fail to see them frequently.

When one sees the lack of system of writing orders that prevails in some hospitals, the wonder is that any orders are carried out promptly and properly. Such carelessness, if it were to take place on a railway system, would cause the public to raise its hands in horror and appeal to the government to interfere. It may seem like laying a great burden on head nurses to say that the daily orders for each patient should be written each day, but it is the only safe, proper rule to follow regarding hospital orders where acute cases are being handled. If the ward is devoted to chronic cases or ambulant cases, or convalescents, perhaps such rulings might be relaxed, and yet we all admit that the period of convalescence is fraught with many dangers; but with the active service that is now the rule in general hospitals, where life and death are always in the balance, too great care and supervision over orders cannot be exercised. The method used varies greatly. In some hospitals an order sheet is attached to each chart. In others a separate medicine list is kept. In others the orders are collected from the separate order sheets and are arranged with the standing orders for each patient that are to be specially observed that day, and transcribed in a book. After a trial of several different methods the system of having a record sheet kept for every patient from the time he enters the hospital, with a space at the bottom of each sheet for the physician's orders, has been found far the most satisfactory. Separate order sheets for the physician are so likely to become detached and to accumulate and make the chart cumbersome to handle. The pupil nurse is responsible for executing the orders written in the order book by the head nurse. The head nurse is responsible for taking down the physician's order (if he will not write them himself) on the space for that purpose at the bottom of each sheet, and for transcribing them in the general order book. While this latter method may take more time, it is the surest and best method, especially when deal-

ing with probationers or inexperienced nurses. Instead of having to handle half a dozen or a dozen chart files, to see what her duties are, the pupil nurse finds her orders grouped together in one book and can check off each order as it has been attended to. Thus: John Smith may need to have his temperature taken every two or every three hours, while John Jones, in the next bed, requires it only morning and evening. John Smith may have to be bathed every day or every few hours, John Jones but twice a week. When the standing orders say that each patient must have a bath twice a week, it might be expected that John Jones would get his bath without further orders, but it has been found that Saturday has come without John Jones having had his first bath for the week, when his second one should have been due. Therefore, it behooves the head nurse, who wants good, prompt nursing, to state in the orders for the day, that John Jones must get his bath this day. A specimen order might read as follows:

"John Jones, T. P. R. q. 3h. 8-11-2-5.

Bath a.m. Fluid diet, milk 3 oz. with limewater, alternating with chicken broth 3 oz. q. 2h. 6-8-10-12-2-4.

S. S. enema a.m. Strych grain 1|40 hypo. 12 and 6. Measure urine. Prepare for clinic, 2 p.m.

With orders written thus for each patient, there is no excuse for omissions, no excuse for a nurse who says she did not know she was to do this or that to-day. It is never a good plan to write the orders for some patients and say, regarding others, for instance, "see page 4 for Black's orders." Let the orders for each patient be grouped together for the day and then hold the nurses accountable.

In addition to writing orders distinctly and definitely, it is well for the head nurse to call attention to any change in dosage. This ought not to be necessary. If every nurse read her orders carefully, it would not be necessary. But there will always be nurses who need special admonition along this line. For instance, the dose of strychnine might be ordered increased or decreased. If the nurse's attention is not called to the change, she may glance at the word strychnia, overlook the dose and continue the first order. These things do happen, and the thing to do is to make it as difficult as possible for a nurse to make a mistake, and as easy as possible for her to do the thing required of her. If we want exactness in nursing we must use every possible means to secure it.

In the matter of records there is still much to be desired in a great many hospitals. If the bedside records kept by some nurses, were to be shown as evidence of the thorough work done by the hospital, they would present a sorry exhibition. Thoroughness in this respect only comes as a result of careful training and supervision. To know how to state concisely and clearly, the exact facts about a patient, is no insignificant accomplishment.

It means that careful teaching in how to observe and record symptoms and facts has been given and practised, and the teaching can begin with the first day of the probation. In this, as in other matters, it is a good rule never to take anything for granted. A probationer who has been shown how to give a laxative enema has doubtless been led to believe that a good result was obtained with a free evacuation of the bowels. She was told, perhaps, to note on her records, "good result." Such a girl might be excused if, after giving a pint of salt solution, which was intended to be retained and absorbed, she recorded a "good result," when the patient immediately expelled it. She might be excused, but her instructor should not be excused for not having given clearer teaching regarding it. Thus, these practical points might be mentioned by the dozen. An instance just now comes to mind. In a post-graduate training school, to which no nurse was admitted till she had a diploma from a general hospital, a graduate nurse, a few days after her arrival, was ordered to prepare a patient for a vaginal operation. The orders were written. The patient was to have a vaginal douche, among other things, by way of preparation. A few minutes before the clinic hour arrived, the head nurse was appalled to find that the vaginal douche had been given, without removing a filthy, foul-smelling vaginal tampon, that had been placed there nearly a week previously, though the strings were plainly visible and the tampon was an obstruction to the nozzle. Such things would never occur if all our head nurses and superintendents taught the simple duties thoroughly. It was a disgrace to that hospital, to have sent out a girl, after a three years' course, who had not been taught that vaginal tampons must be removed before cleansing douches or any other kind of douches are given. The superintendent probably took things for granted.

There are certain facts that should be made a matter of record on every sheet. First the patient's name, thus "Mrs. Mary Smith," not her husband's name, Mrs. Peter Smith. The physician's name, the date, and the name of the nurse, should be filled in the blank space provided, not only on the first sheet, but on every sheet. The amount of sleep should be estimated in hours. Such statements as, "slept pretty well," or, "had a good night," are too vague and general to be worth anything. If a patient is on fluid diet, the exact amount and the food that has been taken should be noted. In other cases, the class of diet will be sufficient, unless in case of gastric or intestinal disturbance, when it will be best to state the articles of food given.

One thing that usually requires great emphasis, careful watching, and strict dealing, is the time when records are made. Nurses who are otherwise conscientious will often allow hours or half days to go by without making a single entry. Then they will guess at hours, trust their memories for temperatures, pulses, and respirations of half a dozen patients, put down a haphazard esti-

mate of doses given, and call that sheet "a clinical record." As a statement of facts it is not worth the paper on which it is written. Records that look neat, on which the penmanship is beautiful, the statements made in correct style, are often, in fact, nothing more than records of a nurse's unreliability. A case comes to mind of a graduate nurse on a special case in a hospital. The case was intussusception, about seven inches of the bowel having been removed. The little fellow was crying piteously from hunger one afternoon when the superintendent went in. The nurse had gone out for a few hours. Thinking it might be time to give him some nourishment the superintendent picked up the record to see when the last had been given. It was then about 5 p.m. Not an entry had been made since the physician had made his morning visit at 9.30. The superintendent took the pains to notice the record the next morning, and everything was set out in beautiful shape. Every hour, even while the nurse had been away, she had given him some treatment, according to her record. This is the kind of thing that superintendents have to watch for and fight for continuously with some nurses.

There is only one thing worse than neglecting to make records at the proper time, and that is, recording before the thing occurs. This is done, unfortunately, by some nurses, probably, in every hospital. Nurses who have given a good report of themselves in other ways, have fallen under that subtle form of temptation. They have been found recording as having given, for instance, eight o'clock treatments at half-past six. On inquiry as to how it came that a record was made of nourishment given to a patient at eight o'clock, when it was still only half-past six, the nurse said she "happened to have a little spare time and she thought she would just fix up her records." She said that, of course, she would do everything she had written down. Her intentions may have been good, though her methods were bad, but can any hospital afford to bother providing paper and pens and ink to record what a nurse *intends* to do? Why, volumes might be written every week about nurses' intentions, but what good are they? What the hospital wants and the physician wants, are facts regarding duties actually done, things or conditions actually observed. Nothing else has any value for them as records, and yet this thing will continue to be done by some few nurses in every hospital, unless a strict supervision over all nurses, and all records, is the rule, and unless there is a severe penalty attached to such an offence. To the self-respecting citizen the laws against stealing are no burden. To the self-respecting nurse, the laws against such practices will be no burden, and they do help to deter the weaker characters from giving way to such temptation. There is only one word needed to characterize such actions, the little word, *i-e*, unqualified. If a record says anything to a physician, it says of a certain thing duly entered at a certain hour, "I have given that treatment," when the facts were the nurse had recorded

her own intentions as facts. The value of any record depends, after all, pretty largely on the conscience of the nurse who makes it. For this reason, a poor penman, and a poor speller, with good natural ability and a good, healthy, active conscience, is worth infinitely more in the sick room than the cleverest college graduate, who keeps her conscience wrapped up, or never uses it except when some one else is around.

A weak point in many records is in the neglect to note important facts. This seems an absurd statement, but it is true. There have been stored away in the archives of some hospitals, records of midwifery cases in which the birth of the child was never mentioned. The circumstantial evidence was pretty strong that there had been a baby connected with the case. Here and there on the record, it was stated that the "baby nursed," or had its temperature taken, or perhaps had a bath, but when that baby arrived on the scene of action, whether it was a male or female, whether it was white or black, whether it was normal or defective in any way, whether it weighed two pounds or ten, the nurse entirely neglected to record. The same thing is true of operative cases.

In recording the course of surgical cases or midwifery cases it is a good plan to note the days as they pass, counting from the event thus, Monday, January 24th—Fifth Day. It is quickly done and it saves a doctor's time in counting back, as he usually does, in considering the removal of stitches, dressings, sitting up, etc. The date and the hour of an operation should always be noted on the nurse's record. The operating room records should contain the report of the operation, what was done, what anesthetic, sutures and ligatures were used, together with a general statement of the findings at the time, but that does not excuse a nurse from stating, or her records at least, the time the patient went to the operating room and returned.

Another point that should always be noted is that a wound was dressed. It is much more important many times to note that fact, for instance, than that a temperature in which there was no change from day to day, had been taken. Yet the one is done, and the other left undone as routine practice in some hospitals.

Another point that helps in various ways, is to require nurses to state on the records when a drug is discontinued. The length of chill, the character of the breathing, if at all unusual, the appearance of any abnormal discharge from a cavity, or eruption on any part, are points that require a little special emphasis with many nurses. For instance, in the case of a colored boy brought into the hospital with frozen feet, the doctor watched the toes carefully, instructing the nurse to observe closely certain symptoms. His medicine was regularly given, the general care was good, but of five nurses and an interne, besides the physician in charge, who had been on duty with that colored boy, not one of

them reported a suspicious-looking eruption that was on his hands, face, and other parts of the body, until a bright, wide-awake, young man nurse was put on the ward, and the first day reported these suspicious findings to the superintendent. It was one of the worst venereal cases that had ever been admitted to the ward, and yet no precautions had been taken to prevent infection till nearly a week had passed. Nurses are prone to fall into ruts and get into the habit of mechanically reporting what they themselves *do*, while they often neglect to note important facts which they see, or ought to see.

It is well, also, that the head nurse should not fail to correct a tendency, sometimes manifested, to unintentionally attempt a diagnosis and record it. For instance, a nurse will thoughtlessly state that a patient is suffering from neuralgia, or is hysterical, when, as a matter of fact, the ablest physician will sometimes find difficulty in deciding whether he has to deal with hysteria or neuralgia.

The ability to decide between significant and unimportant symptoms comes only with careful instruction, experience and practice extended over a long time, but it is safer to teach nurses to lean to the habit of keeping full records, rather than that, for the sake of brevity, they should neglect to note facts that have an important bearing on the case.

CHARLOTTE A. AIKENS.

SHAKESPEARE WEEK IN LONDON.

Shakespeare week in London, was celebrated in a fitting and thoroughly enjoyable manner by the London Shakespeare League.

The commemoration was inaugurated by a reception at the Mansion House, by the Lord Mayor and Lady Mayoress, followed by a most interesting entertainment—Morris dances, Folk songs and singing games, all executed by children dressed in the quaint costumes of Shakespeare's time.

On Tuesday was held the Annual Shakespeare Day Dinner, when Dr. Furnivall, president of the League, occupied the chair. The bard of the evening was Mr. Mackenzie Bell, whose commemoration sonnet I have his kind permission to give you.

Shakespeare, thy legacy of peerless song
 Reveals mankind in every age and place,
 In every joy, in every grief and wrong :
 'Tis England's legacy to all our race.
 Little we know of all thine inner life—
 Little of all thy swift, thy wondrous years—
 Years filled with toil—rich years whose days were rife
 With strains that bring us mirth, that bring us tears.
 Little we know, and yet this much we know,
 Sense was thy guiding star—sense guided thee
 To live in this thy Stratford long ago—
 To live content in calm simplicity ;
 Greatest of those who wrought with soul aflame
 At honest daily work—then found it fame.

MACKENZIE BELL.

A delightful May Day Festival was held in Great Hall, King's College, on Wednesday evening, when again the children were our entertainers. I wish I could reproduce for you the pretty picture they made in their quaint costumes and their graceful attitudes as they danced and sang, from good Queen Bess to her mite of a trumpeter. The plaiting of the May pole was particularly interesting and was perfectly executed.

Mr. Ordish introduced us, on Thursday evening, to London in Shakespeare's time in his interesting talk "Rambles in Shakespeare's London," accompanied by lantern views. Afterwards over a cup of tea, we had an opportunity of a few words with the aged and genial president, Dr. Furnivall.

On Friday evening Mr. Leigh gave his "Reading of Richard III.," and our only regret was that it was over so soon.

A ramble to places of Shakespearean interest on Saturday closed a week the memory of which will be treasured. The party gathered at Southwark Cathedral, which has a beautiful memorial window to Shakespeare, and whose records contain the signature of Edmond Shakespeare, who is buried there. These were seen by the kindness of Canon Thompson. Then Mr. Ordish conducted the party along Stony street—the N. & S. road between Scotland and Dover built by the Romans—to the site of the Globe Playhouse where Shakespeare presented his plays, on to the sites of the Rose Theatre, the Bear Garden, the Pike Gardens where Queen Elizabeth got her fish, the Falcon Inn, the Swan Playhouse and Winchester House. Then across Blackfriar's Bridge to Blackfriar's Church where the St. Dominican Order had their monastery, a piece of the old wall of which is still to be seen. And on to Wardrobe Place and the College of Arms, where Shakespeare applied for a coat-of-arms. Then to the church of St. Mary of Aldermanbury where stands a beautiful memorial to the publishers of Shakespeare's first folio. This memorial, erected by the Shakespeare League, very fittingly takes the form of a bust of the poet with the open folio below.

Here in the rain Mr. Ordish read to us Mr. Mackenzie Bell's sonnet "Shakespeare in London," which the poet very kindly gave me, and which I have his kind permission to give you.

Who comes, a man in mind, a boy in age,
 Hope's golden music ringing in his ears,
 To conquer London single-handed—wage
 Battle with Chance—battle with strong compeers?
 And now, who leaves the conflict—victory won,
 Who bids farewell to London's glorious strife,
 To brood by Avon-lilies that have shone
 Bright in his brain through all that stress of life?
 As homeward-wending towards the little town
 He left—how brief the time! without a name.
 What are his visions? Does he see the crown
 With which the world shall crown him? does the fame
 Of Shakespeare reach him? Does the sky-lark sing?
 "Behold our Will come back—the poet-king!"

MACKENZIE BELL.

I intended telling you about my visit to Stratford-on-Avon, but I fear this is already too long.

B. CROSBY.



EXTRACT FROM LETTERS FROM MISS MAYOU.

ST. ANTHONY, NEWFOUNDLAND, MAY 1ST, 1907.

Some of our classes have had to end sooner than we had intended owing to an outbreak of scarlet fever in the harbor, fortunately of a mild type. But the people are so careless about carrying infection, and think any kind of isolation entirely superfluous. One woman was very much hurt because she was not allowed to do the hospital washing while two of her children were in bed with the fever. Our cold weather still continues, the harbor is frozen solid across, and May celebrated her coming in by giving us a regular blizzard, though some previous days of rain and warm sunshine had melted a good deal of the snow, and made the travelling so bad that the dog posts have stopped, and nothing now can go out or come in until the *Portia* arrives. She was due to leave St. Johns yesterday for her first trip of the season, but there is such a quantity of "slob" (drift-ice), extending as far on the horizon as the eye can reach, that unless some strong winds from the west or south spring up she will not be here for some time. . . . How enthusiastically Dr. Grenfell has been received everywhere this winter, but success will not have spoiled him, he will come back the same unassuming, straightforward man, giving up himself for others.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA.—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO.—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

At the request of Miss Wood, an open meeting was held at St. Stephen's Rectory, Toronto, on Friday evening, June 14th. It was unfortunate that the attendance was again small, as Miss Wood was most anxious to meet more of the nurses—only 13 were present. Those who were there thoroughly enjoyed the General Secretary's address. She spoke of nursing in the days when three months' training was considered sufficient, when ladies shunned the profession as lowering and degrading, when Sarah Gamps haunted the sick-room, and the patients' comfort and welfare were nothing to those who had the care of them. Night nursing was unheard of until the curious system was introduced by which one nurse remained on duty three nights, doing as much day duty as her strength would stand. Wounds were very much longer in healing, no antiseptics were used, and the dressing was usually "tow." As time went on the profession of nursing came into higher repute, and ladies began to take up the work. In 1876 the Guild of St. Barnabas was formed, which lays emphasis upon the religious aspect of a nurse's profession, so likely to be forgotten in her busy life, and by setting before her a rule of life constantly reminds her that her work is dedicated to the Master.

The members of the Guild of St. Barnabas thank Miss Wood for her helpful addresses, and wish her God-speed and a safe return to her home in England.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balm;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.

—Sir Walter Raleigh.

THE longing for ignoble things;
 The strife for triumph more than truth;
 The hardening of the heart, that brings
 Irreverence for the dreams of youth;

All thoughts of ill, all evil deeds,
 That have their roots in thoughts of ill;
 Whatever hinders or impedes
 The action of the nobler will;—

All these must first be trampled down
 Beneath our feet, if we would gain
 In the bright fields of fair renown
 The right of eminent domain.

—Longfellow.

I THINK you should try, without any painful effort, to dwell upon God as often as a longing for recollection, and regret that you cannot cultivate it more, comes over you. It will not do to wait for disengaged seasons, when you can close your door and be alone. The moment that we crave after recollection is that in which to practise it; turn your heart then and there to God simply, familiarly and trustfully. The most interrupted seasons may be thus used; not merely when you are out driving, but when you are dressing, having your hair arranged—even when you are eating and when others are talking. . . . A passing thought of God during mealtimes (especially when they are long, and with considerable intervals), will be very profitable in helping you to resist self-indulgence and your exceeding fastidiousness. Besides, in the first hungry beginning of a meal there is often not much conversation, and then you can turn your thoughts to God. But all this should be done naturally as the inclination arises, and not constrainedly.—*Fenelon*.

PRAYER.—Almighty and Merciful God, Who art the Strength of the weak, the Refreshment of the weary, the Comfort of the sad, the Life of the dying, the God of patience and of all consolation, help me, O Eternal and Pitying God, help me to possess my soul in patience, to maintain unshaken hope in Thee, and to keep that childlike trust which feels a Father's heart hidden beneath the cross.—*T. Havermann*, 1516.

The Canadian Nurse

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TORONTO, SEPTEMBER, 1907.

NO. 9

Editorial.

CANADIAN MODESTY.

We have before now had an uneasy feeling that we were too young to be truly modest, and have watched in vain for any saving sign of this cardinal virtue. It is so no longer. Perhaps we are too self-conscious, but our readers may judge of our feelings when, now in midsummer, months after the event and after having celebrated the good deeds of English and American and West Indian hospital nurses in caring for the sick and wounded during the terrible earthquake at Kingston, Jamaica, we discovered that one of our own number, a graduate of Toronto General Hospital, had borne no small part in the work of these great and tragic days at Kingston. The following letter to Miss E. Maude Levy, from the Senior Medical Officer of Jamaica, and Miss Levy's own letter to Miss Snively, on another page, will place our readers in possession of the facts:

ISLAND MEDICAL OFFICE,

KINGSTON, March 11, 1907.

"Dear Miss Levy,—Allow me, in the name of this department, to thank you most heartily for so readily coming to our assistance at the hospital in a time of such need.

"Your work has been splendid and, as Miss Douglas states, 'will live after you.'

"I have to thank you for the very tactful and kind, as well as highly-efficient manner in which you have managed your wards, which were invariably a model of good order and cleanliness.

"I am only sorry that we have not got half a dozen Miss Levy's, in which case we should compare very favorably with any hospital in existence.

"Again thanking you for your goodness and assuring you of the high respect in which we all regard you, I am, yours, very truly,

(Sgd.)

"J. ERRINGTON KER,
Senior Medical Officer."

NEW FIELDS FOR NURSES.

A large part of the present issue of the magazine is devoted to Dr. Darlington's article on, "The Trained Nurse as a Factor in Municipal Health Work." Our chief reason for this is the growing importance of the medical inspection of schools and kindred subjects in Canada. In Halifax, in Hamilton, in Montreal, in Toronto, and in New Westminster there are movements in that direction. Dr. Roberts, the Medical Health Officer of Hamilton, has been appointed Medical Inspector of Schools, and has already issued an important report on the subject. In Montreal, some fifteen or twenty physicians were appointed to carry out the medical inspection of schools, and the truth seems to be that it was deferred for the present, because their first report showed that there was such overwhelming evidence that it was needed. Now no system of medical inspection of schools has yet been satisfactory or successful unless the aid of the nursing profession was enlisted. This opens to the most intelligent, well-educated, tactful and progressive nurses a new field of usefulness which they will not be slow to take advantage of, and all such should carefully preserve for reference Dr. Darlington's article. It may almost be called a hand-book of the subject, and is prepared by one of the best and most experienced authorities not only in school hygiene, but in municipal hygiene in general.

Editorial Notes.

ENGLAND.

The Infants' Hospital.—The foundation stone of the new Infants' Hospital, to be erected on a fine site in Vincent Square (said to be the only hospital in Europe devoted solely to the care of infants), was laid lately by the President of the hospital, H.R.H. the Duchess of Albany. The building will accommodate fifty patients. A pretty feature of the scene was the presence of the Guards' Home children, who, in bright scarlet cloaks and blue ribbons, lined the stairs. The new building is a memorial to the late Mrs. Robert Mond, who loved the work of the hospital, by her husband, who is erecting it, and handing it over fully equipped to the trustees, that it may "perpetuate the influence for good which radiated from her personality."

London Children's Hospitals' Milk Supply.—The following admirable rules have just been adopted at a general meeting of the Governors and Medical Staffs of the London Children's Hospitals: 1. The milk shall be pure, genuine, and with all its cream as yielded by the cow, and absolutely free from any and every kind of adulteration, including preservatives. It shall be of such

quality as shall produce at least 3.5 per cent. of butter fat. 2. It shall be supplied from a farm, or farms, whose name, or names, and locality are notified to the hospital. 3. It shall be permissible for an authorized representative of the hospital to inspect such farm, or farms, at any reasonable time. 4. The cows supplying the milk shall be in a good state of health, and the veterinary surgeon shall give a certificate at least once a quarter to that effect. 5. The milk shall be strained and refrigerated at the farm, and there canned and sealed. 6. The milk shall be delivered, sealed, at the hospital, within 24 hours of milking. 7. It shall not be "pasteurized" or treated otherwise than as mentioned in Clause 5 without the written sanction of the hospital authorities. 8. It is advisable that the milk as supplied to the hospital should be tested bacteriologically and chemically once a week. 9. That the name of the medical officer of health of the district in which a supplying farm is situated be furnished by the contractor, and that he be informed of the relation between the farm and the hospital, and that he and the clerk of the urban district council be supplied by the hospital for their information with a copy of these recommendations.

SCOTLAND.

Scotland.—The Prince and Princess of Wales recently paid a visit to Glasgow which will long be remembered by the citizens, institutions, and public interests of that great city. It is understood that the Royal visitors worked in public at least seven hours a day and gladly did many things to help the city and its institutions. One of the most interesting duties then performed was the laying of the corner stone of the new Royal Infirmary, in Gatehouse Block, which is to take eight years to build, and will, it is thought, mark a new era in hospital building. The Royal Infirmary nurses were assembled within the quadrangle as Their Royal Highnesses arrived for the ceremonial, and by some happy thought spontaneously sang the National Anthem, for which they were rewarded by a kind appreciative look from the Royal visitors. In the evening a dance was given to the nurses, to celebrate the occasion, in Cathedral Hall.

INDIA.

The Calcutta Nurses' Association.—Originally founded in 1859, by Lady Canning, this the oldest nursing association in India, has now 122 nurses. Since 1881 the training and supervising of the nurses has been done by the sisters of St. John the Baptist, Clewes, England. Several of the nurses work in Ceylon.

Lady Roberts' Nurses.—It has been well said of them: "They are ever ready and ever true to the toils and tasks they have to do." Lady Roberts, who was then residing in India with her husband, the Commander-in-Chief, began in 1886 to organize the military nursing service in India, and this was really the beginning

of Queen Alexandra's military nursing service. Lady Roberts' nurses are now chiefly in the Punjab and the north-west where, in the Tirah Campaign, and in every other time of need, they have done good service. They are personally selected by Lady Roberts and are of the social status and education so desirable is such a service. The uniform is gray, faced with royal blue.

HOLLAND.

The Flower Ladies.—A small society of ladies in Amsterdam, who have for 25 years given books, flowers and fruit to the patients in the city hospitals, celebrated their Silver Jubilee this spring. They are great favorites, and are regular and unobtrusive in their work. One member, at least, has never failed to make her weekly visit in all the 25 years.

DENMARK.

The Young Probationer.—An old nurse in the *Danish Journal of Nursing*, speaks with great judgment and kindness on the subject of helping the Young Probationer over her early difficulties and disappointments.

FINLAND.

Politics.—Last year in Finland, the nation quietly bestowed on women the right to vote and be voted for. Consequently the new Parliament contains nineteen women among the members, among them a teacher, a journalist, a dressmaker, and a clergyman's wife.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnae Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnae Association.

The Galt General Hospital Alumnae Association.

The Guelph General Hospital Alumnae Association.

The London Victoria Hospital Alumnae Association.

The Kingston General Hospital Alumnae Association.

The Montreal General Hospital Alumnae Association.

The Montreal Royal Victoria Hospital Alumnae Association.

The Ottawa Lady Stanley Institute Alumnae Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

St. Luke's General Hospital Training School for Nurses, Ottawa.—The usual graduating exercises of the school were held in the hospital on Tuesday, June 4th. One of the hospital wards was used for the function. It lost its identity as such, however, in the tastefully arranged bunting and palms and profusion of flowers. The graduating class consisted of seven, to whom the medals and diplomas were presented by the President of the Ladies' Auxiliary of the Hospital. The nurses were addressed by Mr. Lemieux, Postmaster-General, and the friends of the hospital by Sir Louis Davies. Altogether the function was very bright and attractive. The following week the Alumnae Association of the school held its annual meeting for the election of officers. Miss Chesley, Lady Superintendent, gave a report of the proceedings of the Ontario Nurses' Association, to which she had been sent as the delegate of the Alumnae. She strongly urged upon the members the advisability of joining the Association and working with them towards furthering registration.

Guclph General Hospital.—The annual meeting of the Alumnae Association was held at the Nurses' Home, July 2nd. The following officers were elected: Hon. Pres., Miss O'Neil; Pres., Miss E. Leadlay; Vice-Pres., Mrs. Anderson; Sec.-Treas., Miss M. Walker; Cor. Sec., Miss M. A. Cowin. After the usual business was transacted, a very pleasant social time was spent, refreshments being kindly provided by the Hospital Board of Directors.

Victoria Hospital, Renfrew, was the scene of a very happy gathering at the graduation exercises of the Training School. The three young ladies who received their medals and diplomas were: Miss Louise Watson, Rockingham; Miss Agnes E. Knight, Knightington, and Miss Annie G. Wishart, Kenmore. These three young ladies have completed their preparatory course under most efficient instruction. Miss L. MacAdam, Lady Superintendent, is indeed deserving of much credit for the work done and interest taken in the welfare of her capable pupils. Among those who took part were the Rev. John Hay, who acted as chairman in the unavoidable absence of Mr. S. T. Chown, Chairman of the Hospital Board; Dr. MacCormick, Rev. W. S. Jamieson, Reeve Smallfield, Rev. Father Cote, A. A. Wright, M.P., Mayor McKay, Dr. Mann. Music, both vocal and instrumental, added to the pleasure of the occasion. In the evening a reception was given by the Matron and graduate nurses, which was a very successful and pleasing event.

Correspondence.

A LETTER FROM JAMAICA.

WINDSOR HOUSE,
BROWN'S TOWN, April 8th, 1907.

DEAR MISS SNIVELY,—I have intended writing to you ever since the terrible catastrophe which befell this little island and of which I am sure you have heard, but I have been so busy that I was unable to do so before this.

A few days after the earthquake I went up to Kingston and offered my services at the General Hospital there. The Medical Superintendent seemed very pleased to accept them, as he said, they needed all the trained assistants they could get.

You cannot imagine the condition the place was in. Fortunately the hospital buildings had not been very much damaged, but the patients who had to be admitted were far more than could be accommodated, so they were just brought in and placed on the grass and here they had to lie until sheds were erected over them and these covered with cocoanut boughs, because there was not time to do any roofing. These sheds were afterwards replaced by tents which were sent up from one of the neighboring islands.

Can you imagine amputations and all kinds of operations being done under these conditions? It was impossible to attempt to carry them to the operating theatre, as every minute was of such value at a time like that, and it was really only the prompt attention that saved a great many lives.

All the while I just kept thinking that a battle field must present just such an appearance. I remained up in Kingston for nearly two months and gradually things assumed order.

The tents were a great comfort to the patients, as well as nurses, as they each contained 20 cots, and were equipped after the style of field-hospitals. There was just enough room down the centre, between the cots, for two tables, one we used as a doctor's wash-stand, and on the other we kept medicines, and the shelf underneath was used for dressing-basins, etc.

The linen was all kept in one room, and from this we got our daily supply.

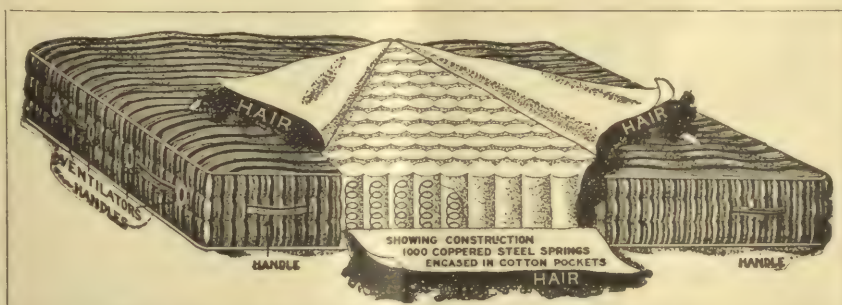
I had charge of what was called "The Compound," which contained 50 beds with women, then I had a tent of 20 beds, also with women, a men's tent of 20 beds, and a children's tent of 20 beds. Each tent had two nurses, but I had charge of them all.

You will know just what it all would mean, when I tell you that they were all sick patients, and as soon as they were considered out of danger, but not even at a convalescent stage, they

"I!" said the student;
 "It's best to be prudent—"

"I said
Bovril

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 The only Ventilated Mattress



NURSES—IT IS THE BEST

This is the only Mattress on which a patient can be turned without lifting, recommended by all Physicians. Sold subject to trial and money refunded if not satisfactory. **Marshall Sanitary Mattresses** never sag or get hard, always soft and beautiful and will last a life time. Never need renovating. Send for Catalogue and prices.

Special Prices to Hospitals and Nurses

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were removed to other tents, where they were looked after by people who had offered their services, but who had had no training whatever.

We were kept very busy all the while, and I quite enjoyed the rest when I was able to return home, as accommodation and living generally had been of the very poorest in Kingston.

I am sending you a copy of a letter which I received after my return home. It is from the Senior Medical Officer. He is not only Superintendent of the hospital, but superintends the entire Government Medical Staff throughout the Island. I thought perhaps the letter would be of interest to you. With kindest regards,

I am,

Yours sincerely,

E. M. LEVY.

Hospital and Training School Department.

THE new Hospital at Saskatoon will cost \$50,000.00.

THE new Quarantine Hospital at Winnipeg is completed.

DR. J. C. MARTIN, of Qu'Appelle, Saskatchewan, died last month of pneumonia, after a very brief illness, at the early age of thirty years.

THE V. O. N. are opening an Emergency Hospital for miners at Van Anda, B.C. This is being equipped by charitable organizations in Vancouver, and will be in affiliation with the mission boat "Columbia."

THE many friends of Mrs. Randolph Williamson (nee Fairley) are pleased to hear of her complete recovery from typhoid. Mrs. Williamson is a graduate of the Chipman Memorial Hospital, St. Stephen, N.B., but now resides in Montreal.

GREAT attention is being devoted at present to the Anti-Tuberculosis Campaign. Editorials in all the leading Canadian papers are taking the matter up. The *Ottawa Citizen*, the *Montreal Herald*, and other papers are among the foremost in this matter.

THE Hon. Rudolphe Lemieux, Postmaster-General of Canada, in his address at the graduating exercises of St. Luke's Hospital, Ottawa, stated that President Roosevelt said to him that in Washington Hospitals Canadian nurses were considered the best.

ONE of the most pleasing features of the recent graduating exercises at Toronto General Hospital was the presentation of the Alumnae Scholarship, established by the Toronto General Hospital Nurses' Alumnae Association. The winner was Miss Beatrice Ellis, and the presentation was made on behalf of the Alumnae Association by the Honorary President, Miss Snively.



We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

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TORONTO. CANADA

DR. W. C. NICKLE, of Crystal City, Man., died in the south, after a long illness, a few weeks ago. Dr. Nickle, whose home was in Madoc, Ont., was a graduate of Manitoba Medical College, and a successful physician.

THE Nurses' Home in connection with the Hospital, Moncton, N.B., had its formal opening on the evening of May 1st. The residence was crowded with visitors and the opening ceremonies were thoroughly successful. Mayor White delivered the opening address.

DR. LAW, the Medical Health Officer of Ottawa, has recommended to the city authorities the appointment of a graduate nurse to supervise the sterilization and bottling of milk for infants in bottles ready for the infant's use, having a rubber nipple attached. Dr. Law is to ascertain the cost of this plan and make a further report.

THE library and reception rooms in the Nurses' Residence of Toronto General Hospital, have been handsomely re-decorated, and re-furnished. The scheme of color carried out in the Brussels rugs and the wall decorations is in several shades of green. The rooms were much admired on the occasion of the graduation garden party last month.

A NEW steam laundry has been erected and fitted up in connection with St. Joseph's Hospital, Port Arthur, at a cost of \$3,000. Last October an elevator was put in at a cost of \$2,000. The Hospital Ladies' Aid who worked so faithfully to raise the necessary funds for these improvements, have earned the sincere thanks of the sisters of St. Joseph.

WE had the pleasure of welcoming back Miss Evans, Superintendent of the Kootenay Lake General Hospital at Nelson, B.C., on her return for a brief visit to Toronto this summer, the first she has paid here since her appointment to her present important position five years ago. Her friends are delighted to see Miss Evans looking so well.

At the recent annual meeting of the Samaritan Hospital for Women, at Montreal, officers were elected as follows: President, Mrs. Alfred Pennell; first vice-president, Mrs. Farquhar Robertson; second vice-president, Mrs. R. D. McGibbon; honorary treasurer, Mrs. John Payne; honorary secretary, Miss Cramp; assistant to secretary, Miss Glassford. Diplomas were awarded to the following nurses: Miss Slack, of Farnham; Miss McFall, of Lachute; Miss Brodie, of Dalhousie.

THE Teulon Presbyterian Hospital was established by the Presbyterian Church as a Missionary Hospital, for foreign settlers, at Teulon, about forty miles north of Winnipeg. It has been in existence now for nearly four years, and is supported by the Women's Home Missionary Society. The country is largely bush and swamp and very hard to clear and drain, consequently the majority of the

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people will be poor for a good while yet. This makes the district a suitable place for philanthropic work. There are settled in Teulon several thousand Galicians, and considerable colonies of Swede, French, German, and other foreign nationalities, in addition to a number of English speaking people. The Hospital is a very pretty frame building with accommodation for fifteen patients. The average daily number of in-patients is eight. In addition to this there is a good deal of out-patient and dispensary work. Some of the patients come from a distance of fifty miles. There are three nurses, Miss E. J. Bell, formerly of Kingston, the lady superintendent; Miss Mabel Davidson, from Toronto, and Miss Mary Aiton, from the Toronto District Nursing Mission.

MRS. HANNA, one of the senior nurses in St. Joseph's Hospital, Port Arthur, has had to take her eight year old son away for the spring months, as he has contracted tuberculosis. They are at present in Bermuda. Mrs. Hanna is one of the graduating class for October, and was the first nurse to enter the training school, when it was started in 1904. We sympathize sincerely with Mrs. Hanna, and hope her boy will be greatly benefited by the change.

AN active canvass which we hope will be very successful, has been begun for the Nurses' Club House for Toronto. It is thought that it will cost about \$15,000.00, and the plan of the committee is to erect a club house sufficiently large to accommodate all the departments of nurses' work in the city, such as the Central Registry, Social Club and other organizations. A lecture-room to seat 200 is much needed, and it is intended that the upper stories shall be residential apartments for nurses, with a café, if possible, on the top floor.

THE Victoria Public Hospital has just issued its annual report for 1906. It has a very pleasing and attractive appearance in its neat gray cover and the illustrations including a picture of the Hospital, one of its founders, Lady Tilley, and four views of the interior of the Hospital, add to the interest. The Hospital has had a successful year. The following are the names of the trustees and the medical staff and the house officers. *Board of Trustees*:—President, Hon. F. P. Thompson; vice-president, Mr. T. Carleton Allen. *Trustees Without Office*:—The Mayor of Fredericton, The Secretary-Treasurer of Municipality of York County, Mr. J. H. Barry, Mr. Willard Kitchen, Mr. M. Tennant, Mr. A. H. F. Randolph, G. Clowes VanWart, M.D.; secretary-treasurer, Mr. Chas. A. Sampson. *Medical Staff*:—W. C. Crocket, M.D.; G. C. VanWart, M.D.; J. W. Bridges, M.B.; A. B. Atherton, M.D.; G. J. McNally, M.D.; H. H. McNally, M.D.; W. J. Weaver, M.B.; pathologist, R. H. McGrath, M.D. *House Officers*:—Matron, Miss C. A. McCallum, Graduate Boston City Hospital; superintendent of nurses, Miss Renee J. Kirk, Graduate Victoria Public Hospital, Fredericton, Graduate General Memorial Hospital, New York City.

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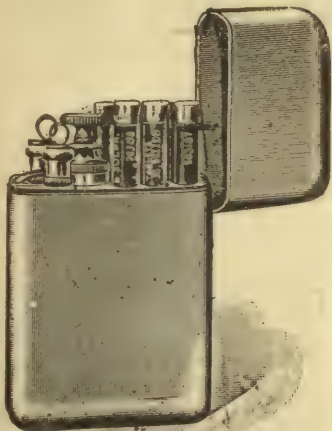
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PHONE M. 306

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A NEW departure in out door work has been permitted and encouraged at the Massachusetts General Hospital of Boston, under the auspices of Dr. Richard C. Cabot and others. It consists essentially in the organization of a small corps of social workers to attend to out door patients who need food they cannot get, or a truss which they cannot buy, or a vacation they cannot take, or surcease from worry when Black Care follows them closer than a brother. This social service includes not only temporary financial aid, but practical teaching in hygiene, feeding and living generally.

A MOVEMENT for the establishment of a consumption camp in Montreal is arousing much interest at present. Official statistics show that there are in Montreal about 4,000 persons who are now suffering from this dreadful disease, and about 700 deaths every year there are due to the same cause. Dr. E. J. C. Kennedy, said that he thinks at least 1,500 people die every year from tuberculosis in Montreal, a number being really due to tuberculosis, though the terminal infection may be of some other character. Such a camp would be a great aid in providing supervised home relief and careful instruction to the sufferers for their own benefit and the safety of others.

DR. GRACE RITCHIE-ENGLAND, Dr. Elizabeth Mitchell, Dr. Helen MacDonald, and other ladies practising in Montreal, have a very successful clinic for women. This Dispensary for Women was first opened in February, 1906, at 47 Guy street. During the first year the consultations numbered 1,294. It has now been decided to extend the work so as to include infants and children. In future medical advice may be obtained by poor women and children free of charge at 10 a.m. on Mondays, Wednesdays and Thursdays. A small sum will be charged for medicine and dressings. The Dispensary has moved from its former quarters to 84 St. Felix street, north of St. James street west.

THE present and former members of the House-staff of Toronto General Hospital, now numbering upwards of 200, have formed among themselves a Medical Association, which held its second annual dinner at the King Edward Hotel, during the recent meeting of the Ontario Medical Association. The president, Dr. J. F. W. Ross, gave an interesting history of the Hospital, which was founded in 1819, when the population of Toronto was about 1,000. The first building was a two-storey one, and was located somewhere in the block which is now bounded by King, Adelaide, Peter and John streets. Dr. Christopher Widmer was the first superintendent, and held the office for thirty-five years. The Hospital owed its existence to the military surgeons who were then stationed in the city. The officers for the year were elected and are as follows:—Dr. W. P. Caven, president; Dr. Alexander Taylor, Goderich, vice-president; Dr. J. N. E. Brown, secretary; Dr. W. B. Hendry, treasurer, and Drs. R. H. Robinson, George Greenway, and C. B. Shuttle-

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worth, the committee. Dr. Taylor, Goderich, who was House surgeon in 1869, and was the oldest of the former staff present at the banquet, was made an honorary member of the association, as were also Dr. L. F. Barker, of Baltimore, and Dr. Charles O'Reilly.

Two additional scholarships will be awarded next year to the nurses of the T. G. H. Training School. The first, of \$50, given by Mrs. W. T. White, is for the Intermediate year; and the second, of the same amount, is for the Junior year, and is to be called the "Arthur McCollum Scholarship." Dr. Arthur McCollum was the first Superintendent of the T. G. H., and the scholarship is established by his wife.

THE Montreal Western Hospital very much regret parting with Miss Rahno Aitken (T. G. H.). On the eve of her departure a large dance was given for her, at which the Board of Management presented her with an illuminated address and a purse of gold containing \$275, while the nurses in training gave her a beautiful gold and pearl brooch. The Stamp Boys' Club of Westmount (a boys' club much interested in Hospital work), presented Miss Aitken with a most useful leather shopping bag, containing a dear little watch. The dance was given in the new Hospital, which as yet has not been opened to patients. It is rumored that one of the private wards in the new Hospital will be called the Aitken Ward. Miss Craig, graduate of St. Luke's Hospital, Chicago, succeeds Miss Aitken as superintendent.

NINETY shares of stock, par value \$5, have now been subscribed for in the Toronto Graduate Nurses' Club—a very good beginning. These shares have been taken by sixty nurses, one nurse taking ten shares, another six, and several two shares each, with a prospect of more. The money for these shares, with something over \$525, the proceeds of the Grand Opera House entertainment, will form a good nucleus for further work in the autumn. Plans are now being discussed which will probably be carried out in the winter of 1907-8, and materially add to the funds. Mr. John Ross Robertson has made the excellent practical suggestion that each of the 400 nurses in Toronto pay \$10, thus providing at once a fund of \$4,000, which will help to lessen the apparently inevitable mortgage on the new clubhouse.

THE "Made-in-Canada" Fair at Guelph during the week of June 17th, in aid of the Guelph General Hospital, has been a wonderful success. Nothing else has been talked of in the city for a long time, and when His Honour Lieutenant-Governor Clarke came up from Toronto and opened the Fair, even the citizens of Guelph most in the secret were amazed at the variety, beauty and real merit of the Fair. Everything and everybody was there. Mrs. Jarley, boot blacks, home-made booths, weighing machines, shooting galleries, votes for the most popular man at five cents

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per vote, departmental, cereal and dairy stalls, may pole, fish pond, Italian, Japanese, ribbon, hardware, paper, Red Cross, and candy stalls, ice cream, post office, and high tea. All Guelph was there all the time, and among the visitors from a distance were His Lordship Dowling and Father Mahoney of Hamilton. The bowlers from Berlin also visited every stall and won golden opinions. The proceeds will probably be well over \$2,000.

UNDER the authority of the Board of Superintendents and the School Board of Boston, an examination was held in the Girls' High School on June 15th for the twenty-one appointments for City Nurse in Boston. The supervising nurse receives a salary of \$924 for the first year, with an annual increase of \$48 to a maximum salary of \$1,116. That of assistant is to be \$648 the first year, with an annual increase of \$48 to a maximum of \$840. Temporary assistant nurses are to be paid \$2 a day of actual service, with days of one session counting as full days. Under the special Act of the Legislature \$10,000 was appropriated for the employment of nurses from September to December, 1907, inclusive. After this year there will be \$25,000 a year available for the purpose. The nurses are to be in actual service eleven months of the year, being on duty at the vacation schools as well as during the regular school year, and are to have four weeks' vacation. The examinations will be conducted on the basis of 1,000 points for qualification, of which experience will count 150; English language and grammar, including spelling of words used in connection with nursing and medicine, 50; arithmetic, 50; principles and progress of nursing and general medicine, 300; dietetics, foods and cookery, 200; anatomy and physiology, 100; oral examination and demonstration exercises to test the skill of the candidate, 150.

WE are permitted to make a few extracts from the Twenty-sixth Annual Report of the Toronto General Hospital Training School for Nurses, by the Superintendent, Miss Snively. Number of applications received during the past eight months, 418. Forty-six of these entered the School on probation, thirty-two were ultimately accepted. The present staff of the School therefore is as follows: Assistants, 2; night supervisor, 1; head nurses, 5; pupils, 84; probationers, 12. An average of ten additional graduate nurses daily have been employed on special duty. Total number of graduates, 470. During the last eight months, in addition to the practical work in the wards, there have been 106 demonstrations in the various details connected with nursing the sick, such as bed-making, the administration of baths, changing of sheets, etc.; there have been 85 classes, conducted by the Superintendent of the School and her assistants, and 95 lectures, delivered by various members of the visiting staff. There have been many calls for nurses to fill hospital positions during the year, and the following nurses have received appointments: Carrie Bowman, Superinten-

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THE Walker Theatre at Winnipeg was the scene of a very large and remarkable gathering last month, when the Rev. Dr. Moore, of Ottawa, delivered an address, the like of which is seldom heard, either from a layman or a physician, on the subject of Tuberculosis. The Mayor of Winnipeg presided and among others present were His Honor the Lieutenant-Governor of Manitoba, Sir Daniel McMillan, K.C.M.G., the Premier of Manitoba, the Hon. T. M. Daly, Dr. Sutherland, W. H. Reeve, H. W. Gordon, C. C. Chipman, E. L. Drewry, and Dr. Dalglish. His Worship the Mayor opened the meeting by a brief and sympathetic address, and introduced the lecturer who gave a brief history of the treatment of consumption at different ages of the world's history, and stated that the number of deaths every year in Canada, from the cause alone, was 12,000. The speaker then explained the cause of consumption, showed how consumption can be cured, and that it is not hereditary. Mr. E. L. Drewry, one of the trustees of the Sanitarium, then spoke, at the invitation of His Worship and said that those who had come that afternoon had evidently their hearts in the right place and were touched with sympathy for the suffering. Their presence was a good augury to the trustees of the Sanitarium movement, which must and would succeed. Some \$30,000 had already been subscribed of the required \$75,000. The latter sum was needed to put up the initial building, which would then be added to as occasion demanded. It was only in accordance with the spirit of the present century for men and women to aid in a work productive of so much good. He hoped great things from the month's sojourn of Dr. Moore in the Canadian west. The Hon. T. M. Daly hoped that Dr. Moore would return to Ottawa with the satisfaction that he had opened the eyes of the mass of people to the fearful effects of the terrible scourge that consumption was throughout the length and

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breadth of the land. The Lieutenant-Governor then addressed the meeting. Two features in the address appeared to him specially worthy of notice. One was the answer given by Dr. Moore to the question whether consumption could be cured. If that question had been asked a few years ago, the answer in ninety-nine cases out of a hundred would have been that it could not. Dr. Moore had not only told them that consumption could be cured, but he had also told them how it could be cured. The other feature of the address that struck him was what Dr. Moore had to say as to how the disease was spread, and the means to be taken to prevent contagion. It was our duty to take steps to forward the movement, and he believed that when they realized the dangers they would be prepared to do even more than they had done in the past in order to help Dr. McInnis in the good work he had in hand. The chairman expressed the thanks of the meeting to Dr. Moore for his address, and also to the proprietors of the theatre for the use of the building.

THE Montreal Western (General) Hospital is to be almost entirely rebuilt. The present building, erected in 1872, was used as a special Hospital for some years, but became a General Hospital in 1894, when it was re-organized. Owing to the growing wants of the west end district for hospital service, due in a measure to the accidents occurring in the factories and mills of the lower city level, cases have been refused, sometimes daily, the old building with its limited accommodation having been filled up. Under these conditions the governors decided some time ago to build a fire-proof wing, and this is now about to be opened for the reception of patients. This new wing will have about one hundred beds, including twenty-two private wards. It has been built with all the most modern improvements and conveniences in lighting, heating and ventilation with the latest medical and surgical appliances and instruments. When completed this will be of immense service to the district tributary to the institution. The erection of the new wing now renders an appeal for funds necessary, for the Hospital is supported entirely by public benevolence. The cost of the new building will be about \$75,000, and the committee of management have decided to endeavor to raise a special fund of \$100,000 to cover this cost, and also to provide a small amount for necessary alterations and improvements. About one-third of the sum is said to be practically in sight, but the committee hope to secure it all in the immediate future, either in present payments or payments extended over five years. The good work done by the Hospital in the many years of its existence warrants the committee in thinking that their object will soon be attained, and the funds wanted readily secured. In its public department it serves a large and growing manufacturing district situated in the south-western part of the city. The management are anxious to be in a position to handle promptly and efficiently the numerous emergency calls from this district. They feel assured that with this object in view they will have the hearty

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support of the many manufacturers and others whom they can thus serve. The growing desire on the part of the wealthier classes to obtain the best Hospital treatment when sickness arises and at the same time to secure the attendance of their own private physician, has led the committee to pay special attention to the private ward department. In fitting up twenty-two private wards where patients will have the best nursing and general care under the supervision of their family medical attendant, the committee feel that they are supplying a want specially urgent at the present time, when it is almost impossible to obtain private wards in any of the larger Montreal Hospitals. This department will always be self-sustaining. The president of the Hospital Board, Mr. Charles F. Smith, and the Committee of Management, are to be congratulated upon the skill and success with which they have conducted the affairs of the Hospital. To the former superintendent, Miss Rahno Aitken, whose executive ability and administrative power were of a very high order, is also due in a great measure the success of the Hospital, and we have no doubt that these traditions will be amply fulfilled by her successor, Miss Craig.

THE LETTER FROM PARIS.

PARIS, France, June 22, 1907.

DEAR CANADIAN NURSE,—Would that all our nurses had attended the Paris conference. The papers have been most helpful and inspiring, and the intercourse with so many whole-souled and enthusiastic professional women.

And the people of Paris have received us royally and treated us with such charming hospitality that the Paris conference will long remain a delightful memory. Let me tell you something of our happy experiences.

On Monday afternoon Mlle. Chaptal received the delegates at her splendid training school, Maison-Ecole d'Infirmières Privées. And on Tuesday afternoon we were received by the Municipal Council of Paris in the magnificent Hotel de Ville—a great honor. Madame Alphen Salvador, Vice-President of the Conference, received us at her nursing school in the Rue Amyot on Wednesday afternoon. Madame Salvador is the founder and president of this school, which is only in its infancy, but for which great things are predicted in the future.

Again, on Thursday, Madame Salvador was our hostess, when she escorted us to Versailles, where we visited the Grand Palais and other places of interest and were entertained to tea at the Girls' College. A most delightful afternoon was enjoyed. In the evening the Conference Banquet was held at the Hotel Continental.

The Baroness James de Rothschild entertained a party of

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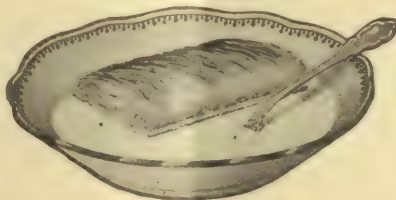
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sixty to lunch at the fine old inn at Chantilly on Friday and gave them a visit to the chateau and grounds.

Mrs. Edmond Kelly invited the other members to a picnic at St. Germain, which was a great success. Is it any wonder we are charmed with the people of Paris and grateful for their untiring efforts on our behalf.

The opening session was wholly in French. It was most impressive to see the interest taken by so many medical men who honored our Conference not only by their presence but by their papers.

In the afternoon Miss Nutting spoke on "A Hospital Preparatory Course for Nurses," Fraulein Karl gave a very interesting account of "The Progress of Nursing Education in Germany." The training required there was only five months, sometimes three months, but gradually there has been improvement, and now one year's training is necessary. The German Nurses' Association has provided for a second year, so this shows steady progress and testifies to the perseverance of the nurses. We are not surprised that things are progressing under Fraulein Karl.

Then followed an interesting account of the nursing movement in Finland. In 1886 their Nurses' Association, now numbering 300 members, was founded, and the organized training was one year. The time is now one and a half years. They owe their inspiration to a nurse who trained in England and met Florence Nightingale. Their preliminary training school was opened last August; course, two months.

Miss Dock spoke briefly on "The Hospital Economics' Course at Teachers' College, Columbia University, New York." This course was founded by the Association of Superintendents of Training Schools to supply the needed training in general management of large institutions and in teaching. At first the course consisted entirely of theoretical training, but now there are five large hospitals affiliated with the University, and the practical training necessary is possible. The discussion was opened by Miss Keith Payne, New Zealand. There they have the eight-hour system in hospitals, and state registration for nurses. The nurses take their examination in anatomy and physiology at end of second year and their final in nursing at end of third year. They have a Private Nurses' Association and a home in which the nurses may live.

Mlle. Chaptal emphasized three things in her paper, "Assistance to the Wives and Infants of Workingmen": (1) Mother must nurse her child herself; (2) she should be instructed in principles of hygiene and proper care of child before its birth, and (3) she should be supplied with nourishing food, if necessary, rather than encourage her to wean the child by supplying milk for it.

Mrs. Robb conveyed the greetings of the Associated Alumnæ

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of the U. S. to the Conference, and then read Miss Johnson's paper, "The Part of the Trained Nurse in the Campaign against Tuberculosis": (1) Care of individual patient by seeing he gets plenty of nourishing food and an abundance of fresh air; (2) educate people as to nature of disease and means of preventing its spread. (3) See that instructions given patient at clinic are carried out in the home and persisted in till benefit is realized. The patient must be made to realize that his own recovery and the safety of his family are in his own hands. (4) Report all removals of families where the disease is present to the Health Department, so that houses may be disinfected. All in infected households should be kept under surveillance. Compulsory registration of all infected cases is the only means of thoroughly doing the work. The dispensary nurse is indispensable in this campaign. Her work is instructive and preventive.

"The Nurse in the Public Schools" next claimed consideration, and it was shown that the nurse had as large and important a field of usefulness here as in any branch of her work. The ministrations of the nurse often prevent the child having to be kept out of school. The nurse should not be an inspector, but should do as much nursing as possible for the school children. If the nurse has an order from the physician in charge for all minor dressings, she can then attend to all routine work, and so leave the physician more time for thorough examination of children.

"The Nursing of the Poor in Their Own Homes."—The visiting nurse does an invaluable work here. To be thoroughly equipped, she must have the best hospital training, and also experience in private nursing, if possible. The whole work of the visiting nurse is one great educational effort.

Lady Hermione Blackwood spoke of the work of the Queen's Nurses in the west of Ireland, where they have so many superstitions as well as numerous other difficulties to overcome. The educational and preventive part of the work is not the least important, for thus the nurse raises the standard of the population among which she works. The district nurse does a great work, and must distrust all methods that tend to pauperize the people. For her important work she needs more, not less, training. Miss Maxwell spoke of the plan in New York, where pupil nurses are sent out to do district nursing in first part of third year for two months.

The closing session on Thursday was taken up with the consideration of "Professional Organization" and "The History of the Professional Nursing Press." Great progress has marked these two branches in the last twenty years, and the papers were followed with the keenest interest.

Mrs. Bedford Fenwick led the discussion in an excellent paper on "The Organization of the Nursing Profession: By its Members; by the State."

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Mrs. Robb then read Miss Sly's paper, "Report on Organizations and Laws in the United States."

The work was inaugurated by the organization of the Society of Superintendents of Training Schools, which stood for educational questions. Following this Alumnae Associations in each school were formed, and in 1897 was held the first meeting of the Associated Alumnae of the United States.

State Associations were organized to work for State registration. There are 29 of these, and as a result 14 States have State registration. Two States require a three years' course; the rest, two. Physicians have strongly opposed this movement, as they thought they should have representation on the Central Board.

Mrs. Kildare Treacy, Dublin, compared the condition of hospitals twenty years ago, when there was little skilled training and no organization, with that prevailing now, when skilled training is the rule and organization is advancing so favorably. She told us of the Nurses' Club in Dublin, where the reading room is supplied with nursing and other literature, and where lectures are given by eminent medical men and others.

The Conference emphasized the value of the professional press, and I was most proud to represent THE CANADIAN NURSE. The following are the journals represented: *British Journal of Nursing*, 1888; *American Journal of Nursing*, 1900; *Nosokomos*, 1900; *St. John's House Nurses' League News*, 1901; *Nurses' Journal of the Pacific Coast*, 1904; *The Queen's Nurses' Magazine*, 1904; *The Canadian Nurse*, 1905; *The Visiting Nurse Quarterly*, 1905; *Kingston Infirmary Nurses' League Journal*, 1906; *Unterm Lazaruskreuz*, 1906; *La Garde-Malade Hospitaliere*, 1906. Two others appeared on the programme, but they were not represented.

The last evening Mrs. Bedford Fenwick entertained those interested in journals, and representing them, to dinner, and we had a delightful time discussing the work. It is most interesting to hear of the struggles and successes of others, and they are not so different to our experiences, no matter in which country the work is carried on. Several delegates have told me how much they enjoyed reading THE CANADIAN NURSE.

This Conference, I feel sure, will mark the beginning of a great advance in our work. I am sorry this report is so fragmentary, owing to my inability to follow the papers given in French, but I trust all our nurses will obtain a report of the Conference from the Hon. Secretary, Miss L. L. Dock.

Very sincerely yours,

B. CROSBY.

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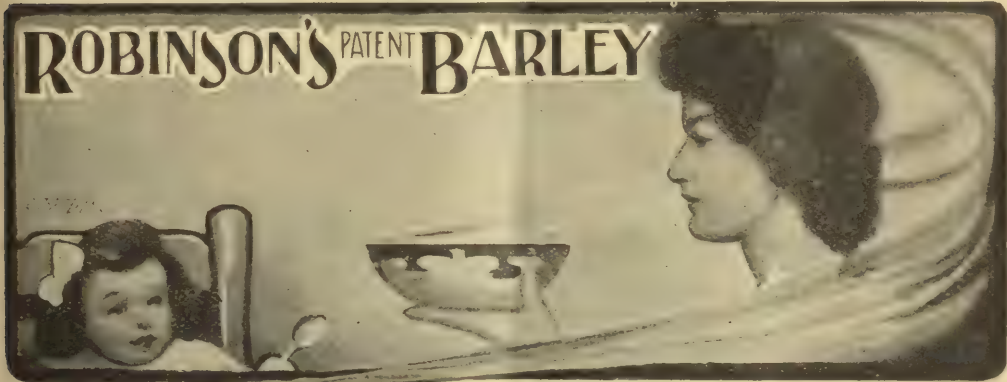
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The Nurse's Library.

Invalid and Convalescent Cookery. By MARY E. BIRT. Bristol: John Wright & Co. 6d.

In the twenty-three pages of this neat little pamphlet there are fifty or more excellent recipes, all made by the writer herself. They are both dainty and practical.

Nursing—General, Electrical and Surgical. By W. J. HADLEY, M.D., F.R.C.S. London: J. & A. Churchill. 3s. 6d.

Dr. Hadley, one of the lecturers to nurses at the London Hospital, has prepared a second edition of his well-known text-book, which was first issued in 1901, and has been favourably received. It is a useful and practical treatise, and we are glad to have an opportunity of examining it; but at the same time, on the subject of nursing, we prefer the text-books written by nurses themselves. This, of course, is rather a text-book having as its basis lectures on medicine as delivered to nurses, and as such is a valuable book for any nurse's library.

Surgical Nursing. By RUSSELL HOWARD, M.B., B.S. (Lond.), F.R.C.S. (Eng.) London: Edwin Arnold. 6s.

This is an attractive and valuable book. Mr. Russell Howard is also one of the lecturers to nurses at the London Hospital, and has used his lectures as the basis of this work. It covers, in brief space, a great deal of ground in a thorough and scientific manner, and will be found useful for reference.

Accidents and Emergencies. By C. W. DULLES, M.D. Philadelphia: P. Blakiston's Son & Co.

Five large editions of this excellent little book have already been exhausted, and this, as well as other facts, show it to be one of the best books of the kind. We do not agree with the direction to deluge with water an eye into which lime has found its way (p. 27), and the most useful procedure in slight frostbite (rubbing gently with fur) is not mentioned (pp. 53, 54). The section on Poisons and that on Domestic Emergencies are specially good.

SPECIAL NOTICE.—Our readers are reminded that a very important event will take place in Montreal on September 11th and 12th, that being the date of the first annual meeting of the

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Canadian Association of Superintendents of Training Schools for Nurses. The Montreal General Hospital Nurses' Club House at 59 Park Ave. has been selected as the place of meeting, and besides the address of the President, Miss Snively, addresses are expected from Miss Livingston, Superintendent of the Montreal General Hospital; Miss Henderson, Superintendent of the Royal Victoria Hospital, and others. A very interesting meeting may be confidently expected.

TRAINING SCHOOL OPENED.—The Lady Minto Hospital at New Liskeard is now open, and applications to the Training School will be received by the Lady Superintendent. Full particulars given on application. Miss Keith, Superintendent.

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

INVALID COOKERY, for the use of the trained nurse and all others who have to cook and serve food for invalids. Individual recipes. Also a chapter on the feeding of infants, with full instructions for every mother. Issued by the Alumnae of the Hospital for Sick Children, College Street, Toronto. Price, Fifty Cents. Send orders to Miss Mary Gray, 505 Sherbourne Street, Toronto.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, OCTOBER, 1907.

No. 10

ROME.*

I felt myself no stranger when I visited the Eternal City. None of us are strangers there. We may not be acquainted with the chapels and the quadrangles of Oxford—the quiet walks where scholars like Newman, and Manning, and Keble, framed in noble shape the noblest thoughts that ever thrilled the soul of man. Paris is beautiful, but the beauty fades while the memories of Rome remain. None of us are strangers at Rome.

Let us together take our stand upon old Janiculum hill. Where we are standing is just by the spot upon which St. Peter was crucified. It is a beautiful winter morning—the sun bright and the air fresh as in our own Canada upon a fair October day. Away in the distance opposite, like Horace, we see Soracte stand, deep with white snow, and nearer by within the city walls the Pincian hill with its charming gardens, and looking more to the right the Quirinal, with its magnificent palace stolen from the popes; and yonder is the Capitoline, where once the cackling geese roused the sleeping guard as the Gauls kept scaling the rocky heights; and there, too, are the ruins of the old Forum, where the voice of Cicero rang, and the Senate sat, and laid the foundation stones of civilization more lasting than the granite of its walls. Nearer to us, but likewise on the other side of the Tiber is the old Coliseum, with its crumbling tiers, and its everlasting memories; while farther away, in the same line, is the Church of St. John Lateran, the mother of all the churches of Rome. And here to our left upon the same side of the tawny river, towering above all others, is the star-kissing dome of the great St. Peter's.

There is no dearer object to the Christian pilgrim than the Catacombs. Once they were the home of the Roman Church.

*The brief extracts here presented are from a lecture given by the Rev. Father Teefy before the Graduate Nurses' Club, of Toronto. The whole lecture is a masterpiece of eloquent description, especially the account of a visit to His Holiness, Pope Leo XIII., and the description of St. Peter's. It is with the greatest regret that we find ourselves absolutely compelled, by lack of space, to omit these and other fine passages.—ED.

The faithful of those trying, glorious times not only worshipped there, but lived, died and were buried there. A catacomb, writes Cardinal Wiseman, is divided into three parts, its passages or streets, its chambers or squares, and its churches. The passages are long, narrow galleries, cut so that the roof and floor are at right angles with the sides; sometimes very narrow, running straight and crossed by others, and these again by others until they form a perfect labyrinth of subterranean corridors. Their walls as well as the staircases are honeycombed with graves or excavations where the corpses were laid. They were not buried, but deposited or placed there; and with various inscriptions, such as, "Live in the Lord and pray for us," "Victoria, be refreshed, and may thy spirit be in enjoyment." These vast excavations were begun in apostolic times, and continued to be used as burial-places of the faithful till the capture of the city by Alaric in the year 410. Their extent is enormous, there being no less than 350 miles, and number 25 or 26. Here in these dens the holy sacrifice was offered. Here the Christians lived, here they died, a spectacle in their lifetime "to men and angels," and in their death a triumph to mankind—a triumph of which the echoes still float around the walls of Rome and over the desolate Campagna, while those that once thrilled the Capitol are silenced, and the walls that returned them have long since crumbled to dust.

We must now visit the Vatican, the residence of the popes for hundreds of years. We cannot do it justice. I spent three days in it, passing from Sistine Chapel to loggia after loggia, then to room after room of pictures, statues and treasures, and still much more remained to be seen. But enter the beautiful Sistine Chapel, and stand before the altar-piece, upon which Michael Angelo spent so much time and skill. It represents the last judgment. At first disappointing, then after a while the proportions strike you, and you begin to see more clearly the great figures of the apostles—St. Andrew with his cross, and St. Bartholomew, with his skin—and then, lower down, the dead coming forth from the graves; and away down the lost souls. Here amongst them is the picture of one who was Cardinal when Michael Angelo was at work. The Cardinal, who had opposed the artist, complained to the Pope of being represented in such a miserable situation. His holiness spoke to the artist, and suggested that the Cardinal's picture should be taken out. "Out of Hell, holy father, there is no redemption." This picture is more sublime in conception than beauty, and astonishing in execution.

The ceiling of the Sistine Chapel contains the most perfect works done by Michael Angelo. Here his great spirit appears in its noblest dignity, in its highest purity. Here through the

curved arches of the vaulted roof sit prophet, and sibyl-like embodied genii of architecture, foretellers of the Saviour's coming. In the recesses between the compartments, and in the arches underneath are ancestors of the Blessed Virgin. The whole series leading the mind to the altar upon which the Lord cometh.

Pardon me for keeping you so long. It has taken centuries to gather all these. It takes days to merely see them. It requires years to study and appreciate them.

Therefore, farewell, ye plains, and ye hills, and the City Eternal,
Therefore, farewell! we depart but to behold you again."

J. R. TEEFY.

NURSING ETHICS.

Goethe has said, "Government is a trade which requires learning, and to which no one ought to aspire that has not learned it." The one who governs best must first learn to obey.

Always be neat in your personal appearance, and a fresh print dress of quiet color is to be recommended, or a white one, scrupulously clean and free from creases.

Do not forget that a patient has not much else to do at times than to criticize her surroundings and nurse, and, therefore, be particular to a nicety to see that the room and furnishings are kept neat and orderly. Even if the patient be too ill to remark this the mind is alert to any incongruities. I have heard a patient remark on recovery from delirium, "Why did not the nurse straighten that picture on the wall? All this time that picture has been an anxiety to me, and I used to long for some one to straighten it." Here was a mind accustomed to system and exactness, harassed by the failure of another to grasp its needs.

Quiet shoes should always be worn. Avoid slamming doors, or the equally inexcusable oversight of leaving them always open, but close them noiselessly after you.

Do not whisper—just far enough away to be aggravating. If you must talk, step outside the door.

I now wish to touch upon a somewhat delicate subject yet one that to me and to you is of vital importance—one which appears to me in a dangerous aspect, and which if not given more attention by graduate nurses will ultimately prove a coast for shipwrecks. There are breakers ahead, and my love for you and the work will not allow me to refrain from giving you a few words of unvarnished truth and warning, if it should be at the expense of adverse criticism. It concerns the relation of the graduate

nurse to her Alma Mater. For nine years I have watched the progress of training schools and graduate nurses with interest, and it has been only for advancement. Training schools have added to their course of training such branches as dietetics and invalid cookery, additional lectures, preparatory classes for nurses, instruction in massage, infectious diseases, obstetrical training, and nurses' homes of the latest architecture—such as Mr. J. Ross Robertson has recently built—thus providing opportunities for turning out nurses more fully equipped than ever before to cope with disease in all its aspects.

On the other hand, the graduate nurse has formed nurses' homes, nurses' clubs, libraries and recreation rooms, registries at last above reproach, alumnae associations, and last, but by no means least, we are now applying for registration, and I can see a glorious future for the graduate nurse, provided she is not too impetuous, and the right hand holds the helm.

Now with this advancement on both sides we naturally expect that these women are the highest type of woman obtainable, and so they are—yet sometimes, I say, we meet with surprises.

Be very jealous of the position you hold in the community, and guard it carefully lest you lose it all. Be equally jealous of the position you may hold if you wish, in relation to your training school for there is a tendency just here to backslide. Remember, if unrecognized by your training school your future is seriously affected. When you enter my hospital, whether to train or as a special nurse, you enter my home. This fact is not altered whether you are engaged by the patient, the doctor, or myself, therefore you must be subject to what I require in my home, and for this purpose I have here a few don'ts and do's to read you.

Do report to me at once—don't leave it until I happen to meet you a few hours or a few days hence.

Do wear rubber heels—don't insist on wearing white shoes, or black shoes with white stockings.

Do report to me when free to leave your case—I wish to say good-bye, and thank you for looking after your patient so well; and I may want you for another case.

Do wear a complete uniform—not one with elbow sleeves, or a shirt waist. Don't appear without your cap—it is your badge of dignity and office. Don't forget to wear your apron—you look worse than half-dressed without it.

Do talk quietly all the time, especially at night. Don't parade the corridors at any time, or come downstairs in your dressing-gown.

Don't board at the hospital when not employed there—the hospital gave you the means of your own support, and at the same time will be glad to invite you in for dinner, but that is quite different from inviting yourself.

Don't wear dirty uniforms—your patient will prefer paying you \$1 extra rather than see you in a dirty one. And I like to see you neat and particular. We can all find reason to excuse a soiled uniform on a probationer, but we find it much harder to excuse a graduate nurse, who has only one patient, and who is being paid \$18 per week. Even if it is hard earned money in many instances, perhaps it was hard for your patient to earn it, too, so consider both sides.

Do write up your chart in your patient's room; your patient only engaged one room—so stay there. Besides they are paying for your services and want your presence, even if there is nothing to do for them. There comes your chance for entertaining.

Don't invite all your friends in to see you—they bother the office boys, and in private homes the anxiety incident to illness is sufficient without being bothered with your friends calling or using the 'phone.

Do use a little tact in dealing with your patient in reference to hospital affairs. Don't tell your patient you can't get a clean sheet—that is all absolute nonsense—or that there are no more potatoes, and the soup has run out—or that there is no more bread and butter.

Don't make mountains out of mole hills.

Do be loyal to your school wherever you are. But do not be offensive to graduates from other schools—this only causes a feeling of animosity, and is, I feel sure, the reason for much of the antagonism that exists between graduates from different schools.

Don't allow anyone to be otherwise than loyal in your presence. Do use the hospital telephone for business only—that is what it is there for. Don't use it for an afternoon call or needless gossip.

Do be ladylike in manner and speech to undergraduates. You are an object of envy to them, in the same way as our head nurse appeared to you when you came a shrinking probationer to the hospital. Remember, they look to you for an example, and copy you. You can make them life-long friends, or allow them to despise you. In their respective positions in the house they are responsible for seeing that proper discipline is maintained, and a graduate nurse should not presume to meddle and should not need to be disciplined.

Do be careful of all hospital supplies. Just because it is a hospital is no reason why you should be extravagant. In the same manner be careful of household supplies, and do not be extravagant in their use just because they belong to some one else. Be careful of medicines in a home, of furniture, that it is not scratched or disfigured, of the linen, of your own personal appearance, manners, speech and behavior. Your patient should never have to ask for your attention, or remind you of your duties.

Don't supply yourself with hospital gauze, absorbent, charts, record sheets, or medicine, or fill your hypo-cases, this is petty thieving and is detrimental to good morals.

Report to the registry when off your case. This saves much trouble to the registrar, and you get a case sooner, and if you don't want a case better refuse it than have some one think you are foxing.

I might proceed on this line to greater length, but I hope this will give you sufficient insight into the future, as I wish to see it clear of all necessity of such reminders, all of which I have had to cope with in their various stages during the last few years, and none of which are exaggerated. I have instead toned down many of them and reserved others. If any one wishes to come to me for further enlightenment I can give them other instances.

An oath of allegiance in the nursing profession, similar to what obtains in the medical profession at McGill, might be of assistance. I here give you the translation from the Latin:

"I, John Brown, learned in the Medical Art, and about to be presented with the title, in the presence of the Holy God, the searcher of hearts, promise that I shall continue to show in every duty a grateful spirit toward this University, to the last breath of life; and further, that I shall practice the art of Medicine with care, purity and uprightness, and as far as in me lies, shall faithfully attend to all things that tend to the welfare of the sick; and finally, that I shall not make public, without grave cause, anything seen or heard in my practice, about which it is becoming to be silent. To me thus promising may a favoring Deity to be present to help."

E. McIL. PATTON.

NEED you be reminded that certain drugs stimulate while others depress? The same influence is at work with minds as with drugs, and she will be the best nurse, other things being equal, who carries into the sick room cheerfulness, hopefulness and authority, all of which, and especially the last, must be displayed with tact or common sense of a high order. In this connection, I take the liberty of changing one of Stevenson's paragraphs in "Lay Morals," which begins, "Mankind is not only the whole in general, but everyone in particular. Every man or woman is one of mankind's dear possessions," and so every good nurse is one of mankind's dear possessions. To her trained intelligence and kind heart and active hands the patient intrusts some, if not all, of his hopes for the future. "She is a well spring of good resolutions and a source of healing to the sick," one may justly add, to the race.—*W. F. Hamilton, M.D. (R.V.H.).*

Clinical Department.

HYOSCINE MORPHINE CACTIN ANESTHESIA.

Just a few words about this form of anesthesia as it has been used in the Collingwood General and Marine Hospital. The number of cases in which it has been used is but four, yet the results obtained in all would seem to point toward a large field of usefulness.

The principal advantages claimed for this form of anesthesia are:

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2. Ease of administration, both to patient and anesthetist.
3. Complete absence of pain, yet patient conscious or can be awakened at any time during operation.

4. Absence of or a great lessening of disagreeable after effects.

Case 1. Perineal Repair, Including Lacerated Cervix.—First hypodermic given at 8.30, second at 10.30 a.m. Operation started at 11 a.m., finished at 12.15 p.m. Pulse came down materially after starting work, but exact rates not recorded. Used two drachms chloroform. Patient slept till 5 p.m. Practically no nausea or after sickness. Recovery quick and uneventful.

Case 2. Abdominal Section.—First hypodermic at 7, second at 9 a.m. Work began at 9.25, finished at 10.45 a.m. Pulse at start 124, dropped to 98, did not again rise. Used two drachms chloroform. Patient did not sleep much during day, but was comfortable. Wound healed quickly, recovery uneventful.

Case 3. Double Inguinal Hernia (Radical cure).—First hypodermic at 9, second at 10.30 a.m. Began work at 11 a.m., finished at 12.30 p.m. Pulse at start 104, came down to 88. Used half ounce chloroform. Patient slept most of afternoon, was slightly nauseated, vomited. Wounds healed well, patient not yet up.

Case 4. Abdominal Section. (Ovariectomy, Appendicectomy and Ventral Suspension).—First hypodermic at 7.45, second at 10 a.m. Began work at 11 a.m., finished at 12.15 p.m. Pulse at start 104, came down to 88. Used two drachms chloroform. Patient slept till 4.30 p.m. Patient very comfortable, some slight nausea. Wound healed well, patient not yet up.

All the cases were adults, and all women. They were given the usual preparation with the addition that the ears were filled with absorbent cotton.

In the last case where the first injection was given nearly four hours before work started, and the second one hour, the patient was sleeping some time before the operation started and slept all through. Her case could have been carried through without a

drop of chloroform, but a little was used for the skin incision, the peritoneum, etc. In no case was a third injection found necessary. If at any time the patient became excited or alarmed while the operation was in progress, a few soothing words and the cessation of work for a few moments was sufficient to quiet her and allow the work to proceed. In all cases the face was flushed and the breathing slow, but not alarmingly so.

It is too soon to draw any very definite conclusions, but the results so far have been eminently satisfactory. The tablets used were those put up by the Abbott Alkaloidal Co., and contained:

Morphine.....	Grs. 1/4
Cactin.....	Grs. 1/67
Hyoscine, (free from atrosine).....	Grs. 1/100

THE DRESSER'S ROOM.

One who has been accustomed to bedside dressings with the accompanying discomforts, such as ill-effects on other patients, difficulty in ventilating, keeping ward untidy, etc., can fully appreciate the well equipped "Dresser's Rooms," found in the Hospital for Sick Children, Toronto. These rooms, which are found off both medical and surgical wards, are large, easily ventilated, and well lighted. Along one wall will be found cupboards in compartments—one in which sterile dressings are kept, the other for medicines, and the third for instruments. The lower half is similarly arranged—one containing surgical appliances, splints, plaster bandages, etc.—the other for nurses' toilet baskets, which contain every article necessary for the daily care of the patient, and the third for treatment trays such as, hypodermoclysis, enteroclysis, catheterization, gavage, antitoxin, hypodermic, etc.

On one side as you enter is the "Dresser's Table." The top is covered with glass, and can be readily disinfected, and prepared for sterile dressings. The folding leaves on side and front of table are easily adjusted for dressings and minor operations. On the lower shelf will be found basins, pitchers, and all utensils used in every day dressings. On the north side is the stationary wash basin and antiseptic solutions, beside it is a drainage sink, which is a great convenience, and saves many unnecessary foot-steps, when one has from sixteen to twenty-four dressings daily. On the shelf above the wash basin, along with the hand brushes, solutions, soaps, etc., may be seen the sand glass, which acts as a timepiece for the nurse in the preparation of her hands. Dressers' bags are used for soiled dressings which are immediately burned, thus doing away with the zinc pail which with the greatest care is bound to be more or less offensive.



The first graduating exercises of the Training School for Nurses at the Yorkton, Sask., Hospital, took place in July. Medals and diplomas were presented, and afterwards a social evening enjoyed.

Miss Mayou, writing from Harrington, Canadian Labrador, July 3rd, says:

I arrived here last Saturday, after six unpleasant days of fog, wind and rain, on the *Strathcona*. In the Straits we met numerous icebergs, and the snow is still in the hollows and on the hills. Such a late season has not been known for many, many years.

The hospital is not yet ready to be occupied, so I am staying at the doctor's house, and go to see his patients while he is away in the boat many miles off, seeing patients along the coast. The steam launch promised we are not going to have after all. It was found it could not be adapted for the sea, having been made for fresh water. I am sorry, it would have been so useful. Dr. Han has four hundred miles of coast, and to have to wait for a favorable wind to take him there and bring him back, causes such delay, and is often very trying, especially when there is a strong head wind between himself and a very sick patient to whom he has been summoned by telegraph.

Harrington is singularly fortunate in having Dr. and Mrs. Han stationed here, first, on account of their permanency here, for they have made it their home; secondly, on account of their personality, they have made themselves beloved by all the people, and thirdly, because of Dr. Han's skill and capability.

If only the steamer service could be extended we should be able to do so much more, and could be sure of getting supplies and mails regularly and more often than eight times during the year; four by dog, from Quebec, in January, February, March and April, and four by little open boat from Matashquien, 132 miles west, from June to September 15. From September until the end of year, when the first dog train comes, we are entirely without mail.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H., 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, Ontario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 491, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

The month of June has been an eventful one for the Montreal branch of the G. S. B. As usual, on the first Tuesday in the month there was a celebration of the Holy Communion at the Montreal General Hospital, and at the Royal Victoria Hospital on the last Tuesday in the month. These services will be continued during the summer, but the afternoon and evening Guild meetings will not be held in July and August. On St. Barnabas' Day the annual festival of the Guild was observed. There were early celebrations of the Holy Communion at the Church of St. John the Evangelist, and at the Church of the Advent: an unusually large number of members were able to make their communion. At 3.30 p.m. the Guild office for the annual festival was said in the Chapel of St. John the Evangelist, the Chaplain and two associate Priests officiating. In place of giving an address the Chaplain read a selection from Canon Holmes' book, "In Watchings Often." After the service the Secretary, Miss Ward, and her sisters entertained the Guild at their home.

Miss Wood, the general secretary of the G. S. B., reached Montreal on Friday, June 21st, accompanied by her friend, Miss Paul, an honorary member of the G. S. B. The following afternoon Miss Stikeman invited the Guild members to tea to meet Miss Wood and Miss Paul.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

DOMINUS ILLUMINATIO MEA.

In the hour of death, after this life's whim,
When heart beats low, and the eyes grow dim,
And pain has exhausted every limb—
The lover of the Lord shall trust in Him.

For even the purest delight may pall,
And power must fail, and the pride must fall,
And the love of the dearest friends grow small,
But the glory of the Lord is all in all.

THE IDEAL CHARACTER.—The ideal character is not necessarily gifted, or striking or popular, or even widely attractive. The man who owns it may be very homely, very insignificant, as the world judges, very uninteresting. But the character itself bears the sign-manual of heaven, writ large in Purity and Courage and Gentleness and Unselfishness, and the man by a secret power which he has never realized leavens the world in which his lot is cast.—*G. W. E. Russell.*

A WORKING DRESS.—To work hard, to be kind to others, not to make much fuss about himself, these are desires which lie close to the heart of the everyday honest man of this generation. Without stopping to think about the matter at all, most men wear this attitude towards life as a working dress. They consider it impossible for a man to justify his existence if he does not labor. Hard work is no virtue to the ordinary citizen. It is his badge of maturity. Behind its fortress he gets rid of a thousand foolish impulses and ignorant fancies. He learns from it that millions of other men work as hard and deserve as much for it as he does himself.—*J. R. M., in The News.*

The Canadian Nurse

Vol. III.

TORONTO, SEPTEMBER, 1907.

No. 9

Editorial.

THE CANADIAN ARMY NURSING SERVICE RESERVE.

Our readers will find in the Official Department a most important announcement from Lieut.-Col. Guy Carleton Jones, Director-General of the Army Medical Service in Canada, by direction of the Minister of Militia, and at the instance of H.R.H. Princess Christian. When the matter was first brought up before the Editorial Board, one of the members at once said: "I hope we shall never see war again, but if we do I am ready to go. It does not make any difference to me how old I am." The Editorial Board of THE CANADIAN NURSE have volunteered in a body, and our readers are aware that the Canadian Society of Superintendents have taken the same patriotic action. We confidently expect that many of our nurses will follow these inspiring examples. Among the younger graduates, especially, there will be many ready to volunteer. Full particulars are given in our Official Department, and we would ask our readers to note that any one wishing to volunteer should write to Lieut.-Col. Guy Carleton Jones, Director-General of the Army Medical Service, Ottawa.

EMERGENCIES.

All over the world great emergencies call for aid which only doctors and nurses can give. In Belfast the recent riots sent many dangerously wounded to the Royal Victoria, to the Military, and even to the Maternity Hospital. In Casa Blanca, Miss Spinney, an English nurse, sister of the British Consul at Mazagan, with two French ladies, improvised a temporary hospital at the Consulate, and rendered services to the sick and wounded for which they were officially thanked by the French Government. And in our own land, the heart-rending disaster at the Quebec bridge, and the serious accident on Caledon Mountain, called for the best services of Quebec nurses and of the nurses in the Western Hospital at Toronto. To do one's duty well every single common day is the way to be ready for great emergencies when they come:

AMBULANCE SERVICE NURSES.

The terrible accidents which must still be fresh in the minds of our readers have shown the need of a nursing corps, which would be quickly available. The Registrar of the Toronto Central Registry makes the valuable suggestion that in large cities and towns (especially railroad centres) there should be an ambulance service nurses' corps, to be available at a moment's notice. Volunteers for this corps might be specially accepted by and attached to the medical service of any railway company, and should, as a rule, be nurses who do not leave the city for country calls. Nurses who had emergency ward training would be at home in such work. It must not be forgotten that in the hospital to which the patients are to be taken the nurses are often too busy preparing wards and receiving the sufferers to allow of their going out to the scene of the accident, where a nurse can do so much to succor and comfort the patient before transfer to the hospital. The suggestion is a good one, and we hope the Registry will aid in carrying it out.

THE CALL OF THE WEST.

The Editorial Board at its last meeting received an intimation from the President, Miss Mitchell, that she had accepted the appointment of Superintendent of the Roland M. Boswell Hospital at Vegreville, Alta. Miss Mitchell is already on her way to her work in the West. Her interest in *THE CANADIAN NURSE* has been great and true; indeed, so affectionate and self-denying has her feeling for it been that Miss Mitchell may well be called the mother of *THE CANADIAN NURSE*. Her parting wish, expressed in a brief note dated Sept. 14, 1907, is characteristic of her, and may well conclude these words: "My interest will deepen in its welfare though far away, and my prayer shall ever be that unity in thought and action, gentleness in judgment and fearlessness in doing right, may rule all in your deliberations and your future success is certain."

THE KING EDWARD SANITORIUM.

His Excellency, Earl Grey, Governor-General of Canada, opened this new department of the Toronto Free Hospital for Consumptives on August 28th, in the presence of a distinguished company. It consists of two buildings, the Administration block, presented by Mr. H. C. Hammond, and the Sanatorium proper, presented by Mr. Robert Mulholland. His Excellency delivered an eloquent address, speaking of the necessity for such sanatoria, and wishing the workers God-speed.

THE HEAD NURSE.

This series of articles by Miss Aikens has afforded great pleasure and satisfaction to our readers, and we can only regret that they have now come to an end. Our subscribers throughout the length and breadth of Canada, who have not forgotten to express their appreciation of them, will be glad to learn that they will, with large additions, be published almost immediately in book form by the W. B. Saunders Co., of Philadelphia.

THE GOOD YOUNG GRADUATE.

Nothing has done **THE CANADIAN NURSE** more good this summer than a visit from a young graduate after our own heart. She had written a paper for us (Dear reader, go and do thou likewise!), and she was not above taking advice about it. And we extracted from her the fact that whenever she came home from a case, she sat down and wrote a full account of it in her Case-Book. And the next week she was going to spend a day at her own expense studying the hospitals in a neighboring great city. Is that not a noble example? *O si sic omnes!*

THE HAMILTON CITY HOSPITAL.

The handsome new building of the Hamilton Hospital, to be known as the Alexandra wing, was formally opened this summer, and is a very important addition to hospital accommodation in the Province of Ontario. The Alexandra wing contains a fine operating-room, 12 private and 48 semi-private beds, nurses' dining-room, etc. The cost is about \$80,000, and the furnishing has been done by the Ladies' Auxiliary and their friends, including Mr. and Mrs. S. F. Lazier, the Hon. Mr. and Mrs. John Hendrie, Mrs. Vallance, Mrs. Malloch, Mrs. Roach, Mrs. Olmsted, and others. The opening ceremonies were short and impressive, and among those who took part were Mr. John Bithup, Chairman of the Hospital Board; Dr. Rennie, of the Medical Board; Mayor Stewart, and the Rev. J. C. Sycamore. Dr. Langrill, the Medical Superintendent, and Mrs. House, the Lady Superintendent, are to be congratulated on this step in advance.

WORSLEY HOUSE CLUB.

One of the most important discoveries of **THE CANADIAN NURSE** in London, this year, was this charming and comfortable club. We can all go to London now! There is a beautiful gar-

den, and the situation of the club is ideal. Hansoms may be summoned instantly from the next street by two whistles, taximeter cabs (the most fascinating things), are only two blocks away, Marble Arch and Paddington Station within ten minutes, a motor omnibus and numerous penny busses pass the door. The "Two-penny tube" (Electric Underground), is near by, and the club is about half way between Regent Park and Hyde Park. The furnishing of the house is simple, tasteful and beautiful—nothing has been forgotten by the Principal, Miss Ellis. It is a club for working gentlewomen, and many nurses belong to it. The prices are marvellously reasonable. It is no exaggeration to say that you may live in comfort at the club for *a week* on just about what it would cost you for *one day* at a good hotel! For example, bed and breakfast for a single night may be had for 2s. 6d.—and such a comfortable bed. It is a very great boon to nurses and other working gentlewomen.—15 Clifton Gardens, Maida Vale.

THE CANADIAN SOCIETY OF SUPERINTENDENTS.

As we go to press the first annual meeting has just been concluded at Montreal, and our readers will see from the condensed report on another page that it has been a most successful and pleasant occasion. Votes of thanks to the kind hosts and hostesses, Miss Livingston and Miss Henderson being specially mentioned, showed the members' appreciation of the great courtesy and hospitality extended to them, and there was also a special vote of thanks to Miss Snively for all that she had done to organize the Society. It is our hope to publish in full the papers presented as soon as possible, and meantime we offer our congratulations to the Society and the officers on the prosperous beginning of this important society. May it flourish long, long after we have all laid down our arms, quitted our laborious sentry-posts and gone home to rest!

Governors' Hall (M. G. H.) was an ideal meeting-place, and the social events were extremely pleasant at both hospitals. The closing reception in the beautiful new Home of the R. V. H. will long be remembered. The Home really baffles description—the chestnut doors, the rugs, the vistas without, perfect pictures through every window and door, the rest rooms, libraries, lovely dining-rooms and drawing-rooms—one cannot say enough of the beauty, taste and good sense displayed everywhere. We only wish that we had views of it to show our readers, or better still, that they might see the Home for themselves. Any one who once visits Montreal always longs to return, and we feel sure that the Superintendents will remember their first annual meeting as a bright spot in their lives.

Editorial Notes.

INTERNATIONAL.

The Paris Conference.—Have you written to Miss Breay, 431 Oxford Street, London, and enclosed two shillings for a copy of the report? It will be well worth your while.

The History of Nursing.—Miss Nutting and Miss Dock have generously given the income to be derived from the sale of the third volume of their book, to the International Council of Nurses—a most kind and generous gift.

AFRICA.

Sleeping Sickness.—The Commissioner of Uganda, ably seconded by the Regents and Chiefs, is taking vigorous measures against this dread disease. It is stated that it is now impossible to find a single tsetse-fly in the European settlement of Entebbe. Ten "Sleeping-Sickness Settlements" are to be made, each to hold 2,000 sufferers and their families, and great precautions are being taken. The cost will be about £30,000.

GERMANY.

The German Nurses' Association.—This Association, founded in January, 1903, by Sister Agnes Karll, now numbers 1,500 members, 1,389 of whom are nurses.

ITALY.

In Memory of Garibaldi.—It is proposed to erect an Italian Hospital on English lines, as a memorial to the great Garibaldi, near his birthplace at Maddalena. Signora Garibaldi, his English daughter-in-law, wishes to have an English nurse as Matron.

UNITED STATES.

CALIFORNIA STATE NURSES' ASSOCIATION.—The Fourth Annual Meeting at Oakland, August 5-7, 1907, was largely attended and very successful.

GREAT BRITAIN.

State Registration for Nurses.—At the fifth Annual Meeting of the Society for the State Registration of Nurses it was evident that great advances had been made. The Medical Society of London lent its rooms, and it was pointed out by Miss Mollett, the President, that the nature of the opposition to their proposals had entirely changed. Some years ago it was a scornful refusal even to consider the matter seriously; now it was admitted that the desire of nurses for some kind of official recognition was legitimate, and the only question was the form which it should take. Secondly, the Select Committee of the House of Commons had reported in favor of registration. Finally, the

British Medical Association had formally expressed an opinion that the registration of nurses was desirable in the public interest.

The Registration of Nurses.—In the House of Commons Mr. Hart-Davies asked the Secretary of State for the Home Department whether he would consider the advisability of establishing a Government system of certificates and registration of trained nurses. Mr. Secretary Gladstone replied that this matter had been under consideration for some time, but serious objections and difficulties stood in the way of the establishment of any such system as was proposed. He was not prepared to take any action in the matter.

One Thousand Weeks.—Our esteemed contemporary, *The British Journal of Nursing*, has issued its thousandth number. Its successful career is a great source of satisfaction to all its friends.

Colonial Nursing Association—During the ten years of its existence the Association has sent out 344 nurses for government and private work.

The Army and Navy Male Nurses' Association, which was formed in June at a meeting organized by Miss McCaul at Mayfair, London, England, begins under the most favorable auspices, inasmuch as Her Majesty the Queen is its patroness. The Director-General of the Medical Department, R.N., the Surgeon-General of the Army, also Sir William Church, Sir R. Douglas Powell and others, were present.

ENGLAND.

Electric Motor Ambulances.—London is now provided with electric ambulances. About 2,000 accidents take place in the city every year. A very small number for London.

The Red Cross Conference.—One of the most important gatherings during the past summer was the Eighth International Conference of the Red Cross Society. It was in every way a great success. Her Majesty, Queen Alexandra, not only received the delegates at Buckingham Palace, but visited the exhibition, accompanied by the Queen of Denmark and Princess Victoria. Baron Ozari, of Japan, and other foreign delegates had received special instructions to do honor to Florence Nightingale by presentations and otherwise.

The Nurses' Camp.—The last number of *Nurses Near and Far* the official organ of the Nurses' Missionary League, contains an interesting account of the Summer Camp, which was a success. "Not that we ignored or forgot the difficulties of life; we saw these all too plainly, but we were enabled to see, too, the all-conquering Christ."

The Three Years' Course.—An English contemporary says—"It seems as if the American nurse was becoming restive at the

three years' course, and we are glad that this difficulty has at any rate so far not made itself felt in this country."

More School Nurses.—The Education Committee of the London County Council received a deputation from Stepney Borough, asking for more school nurses.

IRELAND.

The Matron of the Rotunda.—Miss Hampson, who has resigned, after being matron of the Rotunda at Dublin for fifteen years, was entertained at dinner at the Royal Hibernian Hotel, Dublin, by some of her friends of the Irish Nurses' Association. Miss Huxley, Mrs. Kildare Treacy, and many other eminent members of the profession, were present to do honor to one who had done so much for Irish nurses. Mrs. Treacy presented a basket of roses and shamrock, tied with St. Patrick's blue ribbon, and the whole occasion was a delightful one.

SCOTLAND.

Glasgow Royal Infirmary.—Great regret is felt at the retirement of Mrs. Strong, the Matron of the Glasgow Royal Infirmary, where she has been for twenty-eight years. Her name is a household word in Scotland.

INDIA

The Kaiser-i-Hind Medal.—His Majesty the King has been pleased to award this medal to Her Excellency the Countess of Minto and to Mrs. A. B. Sheppard, for their services in connection with the Up-Country Nursing Association.

Increase of Salary.—The Government of India have increased the pay of nursing sisters in the Q.A.I.M., N.S., by Rs. 25 per month on completion of five years' service in India.

CANADA.

London and Middlesex Hospital.—A deputation awaited on the Hon. W. J. Hanna, Provincial Secretary, last month, to ask for government aid for the proposed hospital for treatment of tuberculosis to be erected near London.

File Copies.—Those who may have copies of THE CANADIAN NURSE to spare are requested to send them to our office.

THE FREE AGENT.—"Remember that to change thy mind and to follow him that sets thee right is to be none the less the free agent that thou wast before."—*Marcus Aurelius*.

HOW TO WASH A PATIENT.—A nurse writes: "I find it a great comfort to my patient to use two basins and two wash-cloths in giving a bath—one for the soap, the other for the rinsing. It prevents the sticky feeling of the old way. I rub each part with alcohol after the washing and drying, instead of giving the full bath followed by the alcohol rub."—B. J. N.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.

The London Victoria Hospital Alumnæ Association.

The Kingston General Hospital Alumnæ Association.

The Montreal General Hospital Alumnæ Association.

The Montreal Royal Victoria Hospital Alumnæ Association.

The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.

The Toronto Central Registry of Nurses.

The Toronto General Hospital Alumnæ Association.

The Toronto Grace Hospital Alumnæ Association.

The Toronto Hospital for Sick Children Alumnæ Association.

The Toronto Riverdale Isolation Hospital Alumnæ Association.

The Toronto St. Michael's Hospital Alumnæ Association.

The Toronto Western Hospital Alumnæ Association.

The Winnipeg General Hospital Alumnæ Association.

The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES—FIRST ANNUAL MEETING.

On September 11 and 12, 1907, within Governors' Hall of Montreal General Hospital, a large number of the Canadian Superintendents attended the first annual meeting of their Society. It was at once evident that the meeting was to be an enthusiastic and successful one. The great kindness and hospitality of the Superintendent and staff of the Montreal General, the Royal Victoria and other Montreal hospitals, added greatly to the enjoyment and comfort of the delegates, and to the success of the meeting. A large number of the Superintendents and assistant Superintendents of the hospitals of Canada, chiefly from

Ontario and Quebec, were present. The President, Miss Snively, Toronto General Hospital, presided, and the Invocation was pronounced by the Rev. Arthur French, of St. John's Church, Chaplain of St. Barnabas' Guild, who afterwards, in a brief and eloquent address, spoke of the work and privileges of the nurse. The address of welcome was then given by Miss Livingston, Montreal General Hospital.

In the presidential address, Miss Snively gave a brief review of the formation of similar societies, and of the benefits of the recent Paris Conference, and continued as follows:

"We are met to-day in this beautiful and historic city of Montreal to hold the first annual meeting of a Society whose interests are world wide, and to pledge ourselves anew to labor not *singly*, as heretofore, but *unitedly*, with hand and heart and brain, for the noble and philanthropic cause, than which the world at large holds no interest dearer, the care of its sick, its helpless and its suffering. To trained nurses the world over, this trust, together with many kindred interests arising therefrom, has to a great extent at least been committed.

"Do I seem to magnify the greatness of the work to which we have been called, or to forget what trained nurses ever have been and ever will be, simply hand-maidens to the medical profession? Not at all; we accept this, and count ourselves honored in knowing that it is our privilege to know something of their difficulties, to share their labors, to rejoice in their progress, to glory in their successes, and to be prepared to follow where they lead.

"Your presiding officer appears before you as one of the pioneers in Canadian nursing reform. She represents a period when nurses' libraries, tennis-courts, pianos, and separate residences had not even been conceived of in Canada, as essential in the life of a nurse who chose to enter a hospital. A bed-room, somewhere within the hospital walls—where mattered not at all—almost entirely devoid of comfort, not to mention luxury, was all that the most refined nurse could hope for, while her education in nursing usually consisted of being sent from ward to ward as occasion demanded, to do the thing which first came to her hand, with no further instructions than that which her own unaided judgment afforded.

"Fortunately a happier day has dawned on our Canadian nurses—a day which bids fair to grow brighter and brighter with each succeeding year.

"To have lived for many years continuously in touch with hospital conditions, as some of those present to-day have done, to have witnessed and helped forward, in however small a degree the work of hospital and nursing reform, to have been privileged to take some active part in the work of providing skilled nursing for the sick poor, as well as the wealthier classes, to have assisted

in the evolution of the trained nurse, and to have been allowed to aid in surrounding her with better and higher social and educational conditions and advantages, may indeed be deemed a privilege and an honor.

"I trust the disposition which leads many of us to contemplate with pride and satisfaction, the high degree of excellence which obtains in a goodly number of nursing schools within our fair Dominion, may be deemed pardonable. It is not probable that this attitude of mind may produce in any of us a spirit of contentment or apathy, but on the contrary stimulate to greater effort. Indeed, we have little cause for satisfaction, when we remember that we are still wrestling with problems as old as our training schools, viz., shorter hours of work, and more uniformity in standards of education and examinations.

We all know by sad experience that the long hours of hospital service, ten, twelve and often fourteen hours—a condition which obtains still in many of our hospitals—are not calculated materially to assist the most ardent student in acquiring the knowledge which might be made possible were it not that class or lecture hour finds her in a state of physical, nervous, and mental exhaustion. It is our duty, therefore, despite our previous failures, to continue to strive to secure for young women, at least a like consideration to that accorded to the stronger sex.

"And further, while we must ever strive toward uniformity in our standards, amid the strain and stress of hospital life, we do well, also, frequently to remind ourselves that we have not fulfilled our whole duty to society or to our school when we seek simply to afford our nurses every facility to gather practical and theoretical knowledge sufficient to enable them to rank side by side with their sister nurses the world over. It is also our duty and privilege to nurture and develop the minds and characters of these young women, so that whether in public or private life they may be "the holy and gracious things which God intended women to be."

"Added to these problems we have also two present-day difficulties, which may also be mentioned in this connection; problems which for the time being have yet caused little uneasiness in Canada, but are nevertheless being regarded with ever increasing anxiety by our American confreres. I refer to the decrease in the number of applicants, or would-be nurses, and also to the difficulty which every hospital administrator has experienced in securing intelligent, capable nurses to fill post-graduate hospital positions of lesser or greater responsibility.

"One very apparent reason for the seeming decrease in the number of young women who desire to enter our training-schools would seem to be in the increased demand—hospitals, large, small, public, private and special are springing up on every

hand, and each and all of these make some demand upon our supply, decreasing at the same time the average in any one direction.

"The longer I live, the more fully am I persuaded that the all-important factor in the making of a nurse is the woman herself, and I will go further, and say that it is also my assured conviction that the most potent influence for weal or woe in any and every training-school, is its Superintendent.

"What will be accomplished therefore, in this new century will depend quite as much upon what we are, as upon what we do. 'The true end and aim of life,' says Mathew Arnold, 'is the endless expansion of its powers, in endless growth and wisdom and beauty—not a having and a resting, but a growing and becoming.'

"May this infant society, in whose interests we are now met, be destined to fulfil the aspirations set forth in our Constitution, and may its influence for good be felt not only throughout the nation of which we are a part, but, by affiliation with the international organism, which I trust may be effected at no distant date, at last be found to circle the whole world."

Miss Meiklejohn, of Ottawa, read an excellent paper on "What is being done in Canada to prevent the spread of Tuberculosis."

The President called the attention of the meeting to the establishment of a branch of the Army Nursing Reserve in Canada, and it was decided by the society to volunteer in a body for the Army Nursing Reserve Service. The afternoon session was of a business character, and afterwards a demonstration of practical nursing was given in the operating theatre, as follows, under the direction of Miss F. M. Shaw, Instructress of Nurses:

1. Turning a mattress.
2. Arrangement of pillows with back-rest and support for feet.
3. Washing the hair.
4. Foot bath in bed.
5. Eczema mask, head-cap, restraint jacket.
6. Croup tent.

This, and the demonstrations at the R. V. II. (see below) were greatly appreciated by every delegate.

A reception in honor of the Association was then given by Miss Livingston in the beautiful rooms of the Nurses' Home, where a most pleasant and happy hour was spent.

In the evening the Society were the guests of the Canadian Medical Association at the annual reception in McGill University Union.

On Wednesday morning after routine business had been disposed of, Miss F. M. Shaw read a paper by Miss Macfarlane, of

Vancouver, B.C., on "Hospitals in the West." Miss Greene, of Belleville, read a paper by Miss Hall, of Jamestown, N.Y., on "Small Hospitals," and a general discussion took place.

The Society were then entertained at luncheon by the staff of the Montreal General Hospital. In the afternoon, under the direction of Miss Henderson and Miss Gilmour, of the Royal Victoria Hospital, an interesting demonstration in practical nursing was given in the theatre of R. V. H. The following were the subjects of demonstration:

1. A cold bath.
2. A cold pack.
3. A vapor bath.
4. Preparation of room in a private house for operation.

A delightful reception given by Miss Henderson was the closing event, and was very greatly enjoyed by all the members.

The officers of the Society are as follows:

President, Miss M. Agnes Snively, T. G. H.; 1st Vice-President, Miss Chesley, St. Luke's, Ottawa; 2nd Vice-President, Miss Nora L. Livingston, M. G. H.; Secretary, Miss Louise C. Brent, T.H.S.C.; Treasurer, Miss M. Louise Meiklejohn, L.S.I., Ottawa.

Councillors, Miss Henderson, R.V.H., Miss McDonald, V.G.H., Halifax; Miss Wilson, G.H., Winnipeg; Miss Macfarlane, Vancouver; Miss Molony, J.H.H., Quebec; Miss Patton, G.H., Toronto; Miss Greene, G.H., Belleville; Miss Alice Scott, G.H., Kingston.

Auditors, Miss Sharp, G.H., Woodstock; Miss Stanley, V.H., London.

The next meeting will be held at Ottawa on Oct. 8 and 9, 1908.

CANADIAN ARMY NURSING SERVICE RESERVE.

OTTAWA, July 27th, 1907.

DEAR MADAM.—H.R.H. the Princess Christian has brought to the attention of the Militia authorities, the advisability of establishing a branch of the Army Nursing Reserve in Canada.

I have the honor, by direction of the Minister of Militia, to transmit to you, herewith, a copy of the regulations for this service, and would esteem it a great favor if you would kindly publish the same. I have no doubt if you would draw attention to this most excellent organization, we would get a ready response from the patriotic nursing profession. It is of course quite distinct from the Nursing Service of the Active Militia who are available for service at all times in Canada; the Reserve would be only called upon in case of war.

If you would kindly direct any would-be applicants to address themselves to me, I will be most happy to forward their applications.

I am, yours very truly,

The Editor, CANADIAN NURSE,
Toronto, Ont.

G. C. JONES,
Director-General.

Regulations for the Army Nursing Service Reserve.

I.—CONSTITUTION.

1. The Army Nursing Service Reserve is formed for the purpose of maintaining a reserve of nurses to supplement Queen Alexandra's Imperial Military Nursing Service in the event of war. It is under the control of a Committee, of which Her Royal Highness the Princess Christian of Schleswig-Holstein is President; but when members are doing duty in military hospitals they are entirely under the control of the Army Council.

II.—QUALIFICATION OF CANDIDATES.

2. A candidate for appointment must not be under 25 or over 35 years of age.

3. A candidate will be required to sign a declaration* of her willingness, in the event of war, to accept service, if called on to do so, in a military hospital in the United Kingdom,† and she must forward the following with the declaration form:

- (a) A certified copy of the entry in the register of her birth, or, if this is not obtainable, a declaration made before a magistrate by one of her parents or guardians, giving the date of her birth.
- (b) A certificate that she has completed, to the satisfaction of the hospital authorities, a course of not less than 3 years' training and service combined in a civil general hospital.
- (c) A recommendation from a person of social position (not a member of her own family) to the effect that by education and conduct she is, in every way, a desirable person to enter a service composed of ladies.

* The form of declaration will be supplied to intending candidates, on application by letter to the Honorary Secretary, Army Nursing Service Reserve, 68 Victoria Street, London, S.W.

† Although members can be called on only to replace in military hospitals at home those members of Queen Alexandra's Imperial Military Nursing Service ordered abroad, yet in case of emergency they may be allowed to volunteer for service abroad, or at the seat of war.

(d) Two recent testimonials of efficiency in medical and surgical nursing from registered practitioners under whom she has worked.

(e) A certificate from a registered medical practitioner that she is in good health.

4. A recommendation from the matron of the civil hospital at which she was trained, certifying that she considers the candidate in every respect suitable for appointment to the Army Nursing Service Reserve, will be required, but will be applied for by the Committee.

III.—DRESS.

5. Members, when not doing military duty, are not bound by any rules as regards dress or uniform, but are expected to wear at all times the badge of the Army Nursing Service Reserve. The badge will be worn on the right breast. When members are doing military duty, they are supplied with a regulation uniform.

The uniform approved by Her Royal Highness the President, to be worn by members when doing duty in military hospitals, is similar to that approved for Queen Alexandra's Imperial Military Nursing Service, with the exception that the cape is of gray material with a border of scarlet cloth $2\frac{1}{4}$ inches wide, and that the badge of the Army Nursing Service Reserve is worn on the cape instead of that of Her Majesty Queen Alexandra.

IV.—DISCIPLINE AND DUTIES.

6. Members of the Army Nursing Service Reserve doing duty in military hospitals will be required to conform to the rules laid down for Queen Alexandra's Imperial Military Nursing Service in the Regulations for Army Medical Service, in so far as they may be applicable.

V.—RETIREMENT.

7. Members on attaining the age of 50 will cease to belong to the Army Nursing Service Reserve.

VI.—PAY AND GRATUITIES.

8. Members doing duty in military hospitals receive the same rates of pay as the members of Queen Alexandra's Imperial Military Nursing Service. These rates are as follows:

	Initial Rate.	Annual Increment.	Maximum.
	£	£ s.	£
Matron	75	10 0	150
Sister	50	5 0	65
Staff Nurse	40	2 10	45

9. A member of the Army Nursing Service Reserve doing duty in a military hospital will, on the cessation of her employment from causes beyond her own control, receive a gratuity at one of the undermentioned rates, provided she is certified by the principal medical officer, under whom she has served, to have rendered satisfactory service. If her employment has extended beyond one year she will be granted, under the same conditions and at the same rates, a further gratuity for each complete year of further service, broken periods to be calculated accordingly. If she has relinquished her employment for reasons not satisfactory to the Army Council, she will forfeit her title to a gratuity.

The following are the rates of gratuities:

Matrons, £15. Sisters, £10. Staff Nurses, £7 10s.

VII.—ALLOWANCES.

10. An allowance in lieu of board and washing, at the rate of 15s. a week at a home station or of 21s. a week at a station abroad, is granted to members of the Army Nursing Service Reserve doing duty in military hospitals, and a special allowance for the provision of clothing at the following rates:

Clothing and cloak allowance abroad, £9 a year.

Clothing and cloak allowance at home, £8 a year.

Outfit allowance when proceeding on active service, £8 5s.

11. An allowance of 10s. 6d. a week for board, etc., is granted to the servant appointed to attend on army nurses.

12. The other allowances at stations abroad, including the allowances for servants, are at such rates as the Army Council may determine.

13. Members doing duty are also supplied with government quarters, and with fuel and light, or granted allowances in lieu.

Enrolment should be for a maximum period of five years, renewable at the desire of the member and discretion of the committee.

GUELPH GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

HONORARY MEMBERS.

Sheppard, Miss, Superintendent of Waterloo and Berlin Hospital.	Guelph General Hospital.
O'Neill, Miss, Superintendent	Adcock, Miss Minnie, Superintendent Home Hospital,
	Fernie, B.C.

ACTIVE MEMBERS.

Anderson, Mrs. A. A. (nee Gordon).	Laing, Miss K.
Anderson, Miss Janet.	Leadley, Miss E.
Ariss, Miss A. E.	Leslie, Miss F.
Borthwick, Miss M.	Mitchell, Miss A.
Bond, Miss H.	McKnight, Miss M. G. V.
Bird, Miss E.	McIntosh, Miss I.
Bushfield, Miss A.	McMillan, Mrs. A. (nee Ransom).
Bessey, Miss C.	Trotter, Miss L.
Burling, Miss E.	Lye, Miss L.
Carleton, Miss E.	Walker, Miss M.
Cowin, Miss M. A.	Wheeler, Mrs. J. H. (nee Armington).
Cannon, Miss E.	Watkins, Miss E.
Douglas, Mrs. Margaret.	Stark, Miss A. S.
Engles, Miss C. R.	Stirton, Miss H.
Evans, Mrs. T. (nee Dyke).	Watrous, Miss I.
Ford, Miss M. A.	Stork, Miss H. P.
Frew, Miss Jean	Stewart, Miss E.
Gauld, Miss C.	Roberts, Mrs. (Dr.), (nee Turnbull).
Grierson, Miss J.	Thompson, Miss K. A.
Hackney, Miss R. (nee Wilson)	Tripp, Miss M.
Henderson, Miss E.	
Hogeboom, Mrs. B. (nee Neve)	
Johnson, Mrs. (Dr.) (nee Graham).	

"I WAS carried up long stairs, which I noticed were very clean and airy, was set down on the floor of a bright, pretty room, and saw several pleasant faces looking down at me, and so my fears ended, and confidence and happiness returned. I found myself in a side-ward, the walls painted to shining-point, the floor stained, no corners in which dust or germs could settle, but everything rounded off, and the doors of varnished wood, unpanelled, for the same purpose. The window was so large that one had a beautiful outlook of clouds by day and stars by night; a large ventilating shaft kept a perpetual current of fresh air in circulation, and the bed, with its snowy linen, and the pretty, simple furniture—as little, of course, as possible—all looked most inviting to the weary traveller. Oh! how quick, and deft, and skilful those nurses are! Before I knew where I was, a soft blanket was rolled underneath me, with what seemed no volition on my part, then another placed on the top, and beneath the blanket I was sponged with hot water by one nurse and rubbed down by another, then fresh linen, a fresh bed and rest till it was time for the doctor's visit. I began to congratulate myself and to look round with pleasure on my new surroundings."—"A Grateful Patient." in *The Nursing Times*.

GRADUATE NURSES' ASSOCIATION OF ONTARIO.

HOSPITAL	NAME	ADDRESS.
Toronto General	Anderson, Annie I.	Whittington P.O.
Toronto General	Aubin, Nannie L.	505 Sherbourne St., Toronto.
Grace Hospital	Aikin A.	138 Wilton Ave., Toronto.
Riverdale Hospital	Argue, Elizabeth	505 Sherbourne St., Toronto.
Toronto General	Allison, C. A.	
Toronto General	Allen, Minnie E.	146 Winchester St., Toronto.
County Carleton, Ottawa	Atkinson, Bertha I.	Port Whitby.
Toronto General	Boyne, Elizabeth	
Toronto General	Rowman, C. M.	City Hospital, Hamilton.
Toronto General	Brown, Annie!	101 Cowan Ave., Toronto.
Toronto General	Boyd, Agnes M.	146 Winchester St., Toronto.
Toronto General	Beam, Ida J.	12 Selby St., Toronto.
Brooklyn City Hospital	Brent, Louise C.	Sick Children's Hospital.
Sick Children's Hospital	Blyth, Florence W.	62 Grenville St., Toronto.
Grace Hospital	Bridgeland, Ella M.	30 Lowther Ave., Toronto.
Toronto General	Burkholder, Ida	12 Selby St., Toronto.
General Hospital, Kingston	Baker, Emily	201 Earl St., Kingston.
Toronto General	Bowerman, Lucy	505 Sherbourne St., Toronto.
Sick Children's	Barnardt, Maude	608 Church St., Toronto.
Kingston General	Baker, E.	
Royal Alexandra, Fergus	Buckland, R. A.	Fergus.
Royal Alexandra, Fergus	Bell, Mrs. M.	Arthur.
Toronto General	Bruce, L. E.	Gormley P.O.
Johns Hopkins, Baltimore	Harwick, E. B.	444 Spadina Ave., Toronto.
Toronto General	Begg, Mrs. C. G.	214 Carlton St., Toronto.
Toronto General	Hole, Allie M.	Sault Ste. Marie.
St. Michael's	Brennard, Agnes C.	9 Pembroke St., Toronto.
Grace Hospital	Bell, Mary	9 Pembroke St., Toronto.
Toronto General	Brechon, Celestia Z.	146 Winchester St., Toronto.
Ross Memorial	Banwell, Beulah V.	Lindsay.
Western, Toronto	Bowling, Lucy	17 Metcalf St., Toronto.
Toronto General	Brown, Clara A.	
Riverdale Hospital	Berry, Jean	33 Albion St., Brantford.
Sick Children's	Bain, Jessie	506 Church St., Toronto.
Grace Hospital	Baird, Lillian E.	832 Yonge St., Toronto.
	Bright, (Mrs. Dr.)	
Mercy Hospital, Chicago	Cleary, Mrs. Mary	St. Vincent de Paul Hospital, Brockville.
Grace Hospital	Carnochan, Adeline	26 Selby St., Toronto.
City Hospital, Hamilton	Coleman, Harriet	39 East Ave., Hamilton.
Toronto General	Chilman, Emily	Stratford General Hospital.
Toronto General	Christie, Minnie	19 Cass Ave., Toronto.
New York City Hospital	Cooper, Mrs.	27 Rathnally Ave., Toronto.
New York City Hospital	Coleman, S. M.	The Nicholl's Hosp., Peterboro.
Grace Hospital	Cosford, Lillian M.	9 Pembroke St., Toronto.
G. & M., Collingwood	Carr, Jennie	Collingwood.
Grace Hospital	Chant, Amelia E.	30 Avenue Road, Toronto.
Toronto General	Cringie, Margaret A.	505 Sherbourne St., Toronto.
Grace Hospital	Culverwell, Annie B.	383 Spania Ave., Toronto.
Toronto General	Craig, Matilda	Deceased.
Grace Hospital	Clarke, Ellen B.	Sarnia General Hospital.
G. & M., Collingwood	Cottrell, Phoebe Jane	Box 13, Collingwood.
Sick Children's	Cooper, Alice Louise	505 Sherbourne St., Toronto.
Toronto General	Crysler, Effie Ramage	
City Hosp., Youngstown, O.	Cade, Florence Lillian	103 Cowan Ave., Toronto.
St. Michael's	Donnelly, Josephine	608 Church St., Toronto.
Toronto General	Doegal, Mary E.	
Sick Children's	Doble, Louisa	Sick Children's Hospital.
Toronto General	Davis, Florence N.	
Toronto General	Davis, Mary H.	
Grace Hospital	De Vellin, Carrie E.	505 Sherbourne St., Toronto.
Kingston General	Darrell, Louise	31 Hazleton Ave., Toronto.
St. Luke's, Chicago	Downey, Mrs. Alice	96 Bellevue Ave., Toronto.
Guelph General	Douglas, Mrs. Margaret	Guelph.
St. Michael's	Douns, Sarah E.	9 Pembroke St., Toronto.
Toronto General	Dickens, Bessie Evelyn	432 Shaw St., Toronto.
G. & M., St. Catharines	Draper, Minnie E.	Box 577, St. Catharines.
Toronto General	Davidson, Elizabeth	McKellar Hosp., Port William.
Western Hospital	Dunnington, Nellie	2 Brunswick Ave., Toronto.
Bellevue Hosp., New York	Eastwood, Charlotte	206 Spadina Ave., Toronto.
Sick Children's	Evans, Margaret	205 Bellevue Ave., Toronto.
Kingston General	Edmondson, Carrie	Peterboro.
Grace Hospital	Evans, Mary	21 Park Road, Toronto.
G. & M., St. Catharines	Elliott, Emma Mary	177 Queenston St., Catharines.
Grace Hospital	Edge, Sarah E.	14 St. Joseph St., Toronto.
St. Michael's	Fitz Gerald, Agnes	St. Michael's Hospital.
Toronto General	Flaws, Elizabeth	Butterworth Hos., Gd. Rapids.
Toronto General	Fralick, Helena B.	12 Selby St., Toronto.

GRADUATE NURSES' ASSOCIATION OF ONTARIO—Continued.

HOSPITAL.	NAME.	ADDRESS.
Toronto General.....	Field, Elizabeth.....	505 Sherbourne St., Toronto.
Riverdale Hospital.....	Fogarty, Mary.....	Riverdale Hospital.
Toronto General.....	Findlay, Mrs. Ada E.....	49 Church St., Toronto.
Toronto General.....	Finmore, Eleanor.....	311 Sherbourne St., Toronto.
New York Hosp., New York.....	Forbes, Gertrude.....	36 Marlboro Ave., Toronto.
Victoria Hospital, London.....	Fredie, Edith C.....	512 English St., London.
Victoria Hospital, London.....	Fraser, Ethel M.....	94 Hunter St., London.
Toronto General, 1904.....	Gordon, C. E.....	Presbyterian Hosp., Chicago.
St. Michael's.....	Graves, Lena M.....	St. Michael's Hospital.
Toronto General.....	Guene, Clara H.....	Belleville Hospital, Belleville.
Sick Children's.....	Gray, Jane L.....	7 Pears Ave., Toronto.
G. & M., Collingwood.....	Graham, Ethel.....	80 McCaul St., Toronto.
St. Luke's, Ottawa.....	Gallagher, M.....	St. Luke's, Ottawa.
Sick Children's.....	Gray, Mary.....	505 Sherbourne St., Toronto.
St. Michael's.....	Greene, E. R.....	418 Sumach St., Toronto.
Toronto General.....	Gray, Mildred.....	Hospital for Incurables.
L. S. I., Ottawa.....	Gallagher, Kathleen.....	
Grace Hospital.....	Goldner, Bertha.....	566 Church St., Toronto.
St. Michael's.....	Grant, Helen Mary.....	9 Pembroke St., Toronto.
Toronto General.....	Graham, M. E.....	
St. Michael's.....	Greer, Mrs. Annie.....	15 Bain Ave., Toronto.
Sick Children's.....	Hamilton, Josephine.....	481 Church St., Toronto.
Toronto General.....	Hollingsworth, Hannah.....	G. & M., St. Catharines.
Sick Children's.....	Hally, Mary.....	34 Hazleton Ave., Toronto.
Grace Hospital.....	Haldenby, Emma.....	114 Carlton St., Toronto.
Grace Hospital.....	Heisr, Emma.....	532 Church St., Toronto.
Toronto General.....	Hargrave, Edith.....	146 Winchester St., Toronto.
Toronto General.....	Hodgson, Grace A.....	82 Bloor St. W., Toronto.
Grace Hospital.....	Harrison, J.....	9 Pembroke St., Toronto.
Toronto General.....	Hall, Marion H.....	18 Earl St., Toronto.
Riverdale Hospital.....	Highthead, Janet.....	City Hospital, Ithica, N. Y.
Sick Children's.....	Hill, E. M. B.....	33 Walker Ave., Toronto.
St. Michael's.....	Hogan, Maude.....	9 Pembroke St., Toronto.
General, Hamilton.....	Hunter, Margaret.....	19 Isabella St., Toronto.
County Carleton, Ottawa.....	Holbim, Katherine.....	Victoria Hospital, London.
County Carleton, Ottawa.....	Henderson, Sarah Jane.....	Victoria Hospital, London.
Nicholl's Hosp., Peterboro.....	Hoyt, Caroline R.....	55 Beverley St., Toronto.
Toronto General.....	Hurlburt, Lucy.....	McKellar Hospital Ft. William.
Riverdale Hospital.....	Hutton, (Mrs. Dr.).....	Port Colborne.
Grace Hospital.....	Irvine, Flora.....	9 Pembroke St. Toronto.
Royal Alexandra, Fergus.....	Johnstone, N.....	Box 293, Orangeville.
Sick Children's.....	Jennie, Mable.....	29 Close Ave., Toronto.
Toronto General.....	Jones, Mary.....	12 Selby St., Toronto.
Hancot Hosp., Erie, Pa.....	Kennedy, M. J.....	100 Grange Ave., Toronto.
Kingston General.....	Keith, Mary Smith.....	206 Spadina Ave., Toronto.
G. & M., Collingwood.....	Knot, Mary E.....	Collingwood.
Toronto General.....	Lennox, Annie M.....	62 Czar St., Toronto.
St. Catharines.....	Lymburner, Charlott.....	Niagara Falls South.
G. & M., St. Catharines.....	Land, Mabel P.....	314 Markham St., Toronto.
G. & M., Collingwood.....	Lord, Mary.....	Barrie.
Guelph General.....	Leadly, Emma.....	Box 94, Guelph.
Riverdale Hospital.....	Lane, Angela.....	Prescott.
Johns Hopkins, Baltimore.....	Lawler, E. M.....	Toronto General Hospital.
Hamilton General.....	Looney, A. Alice.....	Swanwick Ave. East, Toronto.
Hamilton General.....	Lyons, Margaret B.....	505 Sherbourne St., Toronto.
Sick Children's.....	Lemoin, Claribel.....	20 Boswell Ave., Toronto.
G. & M., St. Catharines.....	Le Moyne, Margaret.....	319 Lippincott St., Toronto.
Illinois Training School, Chicago.....	Mayon, Elith.....	c/o Dr. Turnwell, Labrador.
Lady Stanley Institute.....	Meiklejohn, M. Louise.....	Lady Stanley Institute, Ottawa.
Riverdale Hospital.....	Mathieson, Kate.....	Riverdale Hospital, Toronto.
Toronto General.....	Mitchell, Christina A.....	
General Hosp., Kingston.....	Montgomery, Mae.....	General Hospital, Kingston.
Sick Children's.....	Moody, M. M.....	15 St. Andrew's, Toronto.
Toronto General.....	Morton, Martha.....	General Hospital, Collingwood.
General, Collingwood.....	Morrison, Grace.....	Collingwood.
Grace Hospital.....	Martin, Mary.....	532 Church St., Toronto.
J. H., Baltimore.....	Muldrew, E.....	10 Roxborough Ave. W., Tor.
St. Luke's, Ottawa.....	Manson, Kate.....	Edmonton, Alberta, S.C.H.
Riverdale Hospital.....	Mears, Susie.....	79 Avenue Rd, Toronto.
Riverdale Hospital.....	Montgomery, Annie.....	Royal Alexandra, Montreal.
Riverdale Hospital.....	Murray, Alma C.....	Isolation Hospital, G'd Rapids.
Riverdale Hospital.....	Murray, Annie.....	U. C. College, Toronto.
G. & M., Collingwood.....	Moore, Annie.....	Orono.
G. & M., Collingwood.....	Morton, A. I. G. M.....	Collingwood.
Toronto General.....	Moodie, Isabella.....	Richmond Hill.
G. & M., St. Catharines.....	Murdie, Tillie.....	Niagara Falls South.
Woman's, Philadelphia.....	Mitchell, Elizabeth H.....	Cayuga.
Grace Hospital.....	Morrison, Kate.....	89 Beatty Ave., Toronto.
London General.....	Mathews, Elizabeth.....	179 John St., London.

GRADUATE NURSES' ASSOCIATION OF ONTARIO—*Continued.*

HOSPITAL.	NAME.	ADDRESS.
London General	Morater, Adah	196 Central Ave., London.
Toronto General	Muir, Agnes Stewart	505 Sherbourne St., Toronto.
Nicholl's Hosp., Peterboro.	Munt, Francis E.	Box 865, Peterboro.
Riverdale Hospital	McNeil, J.	505 Sherbourne St., Toronto.
Royal Alexandra, Fergus	McFadzeau, K.	Waldemar.
Royal Alexandra, Fergus	McWilliam, L.	Fergus.
Toronto General	McNisk, M.	551 Sherbourne St., Toronto.
Grace Hospital	M cPherson, Mrs. H.	38 Cecil Street, Toronto.
Grace Hospital	MacWilliam, L.	Muskoka Hospital, Gravenhurst
505 Sherbourne	McGrath, G.	Dansville, N.Y.
Grace Hospital	MacKenzie, Mrs. Mary	38 Coolmine Road, Toronto.
Sick Children's	McKim, Edith	76 Close Ave., Toronto.
Western Hospital	McKim, M. R.	76 Close Ave., Toronto.
Garfield Memorial, Wash- ington	McLean, S. Kennedy	206 Spadina Ave., Toronto.
St. Michael's	McCallum, H. B.	9 Pembroke St., Toronto.
Toronto General	McArten, Ellen	505 Sherbourne St., Toronto.
Grace Hospital	Macquoid, Laura	26 Selby St., Toronto.
Grace Hospital	McKeown, Margaret	26 Selby St., Toronto.
N. Y. Post-Graduate Hosp.	MacRae, Minnie	566 Church St., Toronto.
Children's, Buffalo	McCullough, Margaret H.	172 Spadina Ave., Toronto.
County Carleton, Ottawa	MacMaster, Mary	Victoria Hospital, London.
Indianapolis City Hosp	McPhail, Charlotte Irene	26 Selby St., Toronto.
Nicholl's, Peterboro	Nicol, Mrs. George	Cataraigua.
Toronto General	Neilson, Jeanette	
Toronto General	Nairn, Ethel M.	311 Sherbourne St., Toronto.
Kingston General	Nurse, G. E. B.	The Hospital, Galt.
Toronto General	Neilson, Jean A.	66 Bloor St. West, Toronto.
Western Hospital	Ovens, Clara	502 Spadina Ave., Toronto.
Kingston General	Owen, S.	8 Cawthra Square, Toronto.
Grace Hospital	O'Byrne, May A. C.	50 Avenue Road, Toronto.
St. Michael's	O'Meara, Margaret	9 Pembroke St., Toronto.
Kingston General	Oswald, Mary	206 Spadina Ave., Toronto.
C. C. P. Hospital, Ottawa	Offord, Mrs. Elizabeth	206 Spadina Ave., Toronto.
Toronto General	Part, Jessie M.	20 Frankish Ave., Colma, B.C.
G. & M., St. Catharines	Parnell, Mrs. J. E.	Box 776, St. Catharines.
Kingston General	Paterson, Evelyn	
Toronto General	Paffard, Mrs. A.	
Montreal General	Patton, E. MacLeod	Grace Hospital, Toronto.
Orthopedic and T. G. H.	Peace, Janet Mills	20 McMaster Ave., Toronto.
L. S. Institute, Ottawa	Potts, Florence	Sick Children's Hospital, Tor.
Toronto General	Robinson, Annie	Galt Hospital, Galt.
Kingston General	Reid, Agnes	48 Earl Street, Kingston.
Toronto General	Roberts, Mary	505 Sherbourne St., Toronto.
Grace Hospital	Robinson, B.	532 Church St., Toronto.
Riverdale Hospital	Reade, Annie	505 Sherbourne St., Toronto.
G. & M.	Redmond, Maud	Collingwood.
G. & M., Collingwood	Robertson, Mary E.	Collingwood.
St. Luke's, Ottawa	Ryside, Edith	578 Somerset.
Grace Hospital	Rogers, Maud	708 Spadina Ave., Toronto.
St. Michael's	Rowan, Margaret T.	9 Pembroke St., Toronto.
St. Joseph's, London	Rankin, Francis E.	30 Stanley St., London.
London General	Read Edith Augusta	398 Queen's Ave., Toronto.
Brockville General	Ross, Helen Annie	576 Sherbourne St., Toronto.
Sick Children's	Rose, Violet L.	17 Washington Ave., Toronto.
Toronto General	Richardson, Mary I.	551 Sherbourne St., Toronto.
Sick Children's	Richardson, Jeannie	73 Isabella St., Toronto.
Toronto General	Stewart, Julia	12 Selby St., Toronto.
Sick Children's	Shepard, E. I.	12 Selby St., Toronto.
Grace Hospital	Smith, Lillie	9 Pembroke St., Toronto.
Toronto General	Sharpe, F. E.	Woodstock Hospital.
Toronto General	Steers, M. A.	
Kingston General	Smith	103 Gore St., Kingston.
Bellevue Hosp., New York.	Snively, M. A.	Toronto General Hospital.
Lakeside, Chicago	Standen, Francis B.	34 Havelton Ave., Toronto.
Manchester, Eng.	Scott, Amy W.	592 Church St., Toronto.
St. Michael's	Stupperfield	486 Church St., Toronto.
Toronto General	St. John, Mrs. J.	194 Dunn Ave., Toronto.
Riverdale Hospital	Sawyer, Mary	76 Avenue Road, Toronto.
Riverdale Hospital	Scott, Kathleen	Riverdale Hospital, Toronto.
Toronto General	Shaw, Ella	90 Yorkville Ave., Toronto.
Toronto General	Scott, Alice J.	1 Chicora Ave., Toronto.
Toronto General	Sinclair, Alice	
Sick Children's	Smedley, Jean	Western Hospital, Toronto.
Western Hospital	Sawers, Mary	Western Hospital, Toronto.
Riverdale Hospital	Storey, Mattie	505 Sherbourne St., Toronto.
Toronto General	Scarlett, Virna E.	169 College St., Toronto.
Toronto General	Sheppard, Lillie J.	General Hospital, Berlin.
G. & M., St. Catharines	Steers, Margaret L. Morine	319 Lippincott St., Toronto.
Toronto General	Tweddie, Minnie	63 Langley Ave., Toronto.

GRADUATE NURSES' ASSOCIATION OF ONTARIO—*Continued.*

HOSPITAL.	NAME.	ADDRESS.
Toronto General	Tribe, Fannie C.	26 Isabella St., Toronto.
Kingston General	Tilley, Mrs. S. H.	228 Johnstone St.
St. Michael's	Taylor, Mamie E.	9 Pembroke St., Toronto.
London General	Taylor, Catherine	680 Talbot St., London.
Victoria Hosp., London	Toohy, Agnes M.	136 Gray St., London.
Western Hospital	Tilley, Lillian	82 Roxborough St. W.
G. & M., St. Catharines	Tuck, Charlotte	St. Catharines.
Kingston General	Wartman, Amy M. A.	Collins' Bay.
Infirmiry, Paisley, Scot.	Walls, Robina M.	206 Spadina Ave., Toronto.
Kingston General	Walsh, Margaret	245 Alfred St., Kingston.
Western Hospital	Woodland, G.	1 Rose Ave., Toronto.
Guelph General	Walker, Margaret	Grange St., Guelph.
Riverdale Hospital	Whitlam, Lillie	100 Caroline St., Toronto.
Western Hospital	Wilson, Mildred	59 College St., Toronto.
G. & M., St. Catharines	Wilson, Cora E.	Woodstock.
Presby Hosp., Philadelphia	Wardell, Jennie	24 Ossington Ave., Toronto.
Sick Children's	Wiggins, Flora Hope	24 Elgin Ave., Toronto.
Galt Hospital	Adair, Queenie	Galt.
Western Hospital	Benneo, Victoria May	566 Church St., Toronto.
Toledo General	Brown, Olive E.	Merrioton.
G. & M., Collingwood	Baker, Ella	Collingwood.
Western Hospital	Bruce, Lillie	117 Queenston, St. Catharines.
Western Hospital	Creighton, Charlotte L.	84 College St., Toronto.
Johns Hopkins, Baltimore	Cooper, Jessie	63 Cecil St., Toronto.
G. & M., Collingwood	Chesley, Annie A.	St. Luke's, Ottawa.
Berlin and Waterloo Hosp.	Dawson, Ethel May	Collingwood.
Sick Children's	Dodds, Agnes Isabella	North Bay.
Sick Children's	Footo, Isabel	39 Grosvenor St., Toronto.
Western Hospital	Francis, Adeline Mary	91 Wellesley St., Toronto.
G. & M., Collingwood	Huff, J. Margaret	566 Church St., Toronto.
Western Hospital	Jenkins, Elizabeth	Collingwood.
G. & M., Collingwood	Johnston, Eleanor	510 Spadina Ave., Toronto.
Belleville General	Klinch, Bertha A.	Duntroon.
Belleville General	Morrison, Martha J.	Belleville.
Sick Children's	Morrison, Lila	Belleville.
Galt Hospital	McGamey, Mary A.	7 Rose Ave., Toronto.
Western Hospital	McGregor, Margaret	Galt.
G. & M., Collingwood	McConnell, Mrs. J. P.	125 Major St., Toronto.
Sick Children's	McBride, Mrs. M. I.	Collingwood.
Riverdale Hospital	Nimmo, Adeline	
Charity Hosp., N. Orleans	Rogers, Ida Winnifred	54 Salisbury Ave., Toronto.
Sick Children's	Richards, Sara C.	573 Church St., Toronto.
Kingston General	Robertson, Alice M.	Farnham Ave., Deer Park.
Niagara Falls Memorial	Stewart, Alice E.	Toronto General Hospital.
Western Hospital	Veale, Emma	198 Barrie St., Kingston.
	Walker, Minnie R.	Power Glen, Ont.
	Walton, Jean	44 Hazleton Ave., Toronto.

At the Church of the Ascension, Toronto, Tuesday, August 27th, 1907, by the Rev. Mr. Vance, Mr. W. H. Carnegie, M.P.P. for East Victoria, to Miss Edith Green, graduate of the General Protestant Hospital, Ottawa, 1905.

At the residence of the bride's father, Athens, Ont., Wednesday, September 18th, 1907, Mr. Robert Steacy, of Frankville, Ont., to Miss Margaret Johnston, graduate of the General Protestant Hospital, Ottawa, Class 1901.

MISS MEIKLEJOHN, Lady Superintendent of the General Protestant Hospital, Ottawa, is spending her vacation in Quebec.

MISS CAVANAGH, of the G. P. H., Ottawa, Class 1904, has resigned her position as surgical nurse to Dr. Dixon, of Frankville, and intends taking up post-graduate work in the Women's Hospital, New York.

Hospital and Training School Department

MISS J. G. RAMSAY (R. V. H., Montreal), has been appointed Head Nurse in the Laura Franklin Hospital, New York.

MISS M. LAMB, a graduate of Neepawa General Hospital, is now doing private nursing at Fort Saskatchewan, Alberta.

MISS RACHEL N. FOGARTY (W. G. H., Winnipeg, 1898)) is now Matron of the Cottage Hospital at Bloemfontein, South Africa.

THE Graduate Nurses' Association of Calgary continues to prosper. Their last entertainment was a most successful one, and realized \$100 for their Sick Benefit Fund.

MISS ELIZABETH GORDON (T. G. H.) has resigned her appointment in the Presbyterian Hospital, Chicago, in order to accept the position of Matron in the Public Hospital, Pueblo, Colorado.

MISS LINA L. ROGERS, R.N., Superintendent of School Nurses in the City of New York, spent part of her vacation with her relatives in and near Toronto, the Rev. T. H. Rogers and Mr. J. W. Rogers, M.A.

THE valedictory address, given by Dr. W. F. Hamilton to the graduating class of 1907 in the Royal Victoria Hospital of Montreal, has been printed and published by the hospital. It is a most excellent address.

At the St. Boniface Hospital, Winnipeg, ten nurses recently received their diplomas from Archbishop Langevin. They were Misses M. Sullivan, gold medalist; A. Mills, silver medalist; M. Carson, Ethel Jennings, C. Moore, M. C. Hirsch, M. Harper, H. Houghton, E. Sterling and R. Buer. Archbishop Langevin in presenting the diplomas, said that the nurse's profession was one of the noblest in the world. He enjoined conscientious work, wide sympathy and secrecy. He said that talkative nurses were never popular.

WORK on the building of two large additions to the Royal Columbian Hospital, New Westminster, B.C., has commenced. The nurses' home will have accommodation for twenty nurses while the maternity cottage will have about ten beds which can be increased in case of necessity. The two new additions will cost about \$10,000, as shown in the plans submitted to the Hospital Board by E. G. W. Sait, the architect. The plans have been photographed and copies sent to the philanthropist who has donated a large sum of money toward the new building.

MISSSES MOODY, Lawson and Burkholder (T. G. H.), leave shortly for the hospital at Dawson City.

MISS RENEE KIRK, of Fredericton, N.B., has accepted the appointment of Superintendent of the Sherbrooke Hospital at Sherbrooke, Quebec.

MISS O'NEIL, Superintendent of the Guelph General Hospital, is holidaying at Atlantic City and Crystal Beach. During her absence Miss Cunningham, of the nursing staff, is acting as superintendent.

MISS CECILIA WILLIAMS, of St. Anthony, Nfld., spent the summer 200 miles north on the Labrador coast. During her absence the St. Anthony Hospital was in charge of one of the graduates of the Johns Hopkins' Hospital Training School, who had volunteered for the work. Miss Williams will spend next winter at her home in England, after an absence of three years.

THE graduating exercises of the Mack Training School for Nurses, conducted in conjunction with the St. Catharines General and Marine Hospital, were held in the County Court room on Aug. 28, when addresses were delivered by prominent clergymen and physicians. The nurses who graduated are: Miss Jean Robertson, Netherby; Miss Mary Thompson, Merritton; Miss Lydia Good, Berlin, and Miss Helen Trotter, Port Hope.

FEW hospitals have had as delightful and successful an "opening" as that which stands on Hospital Hill at New Liskeard. With the Cornish heartiness that hails from "Old Liskeard," the people of the town have taken it to their hearts, and gave it a "shower" of welcome that will go a long way to furnishing it. The Superintendent, Miss Keith, and her assistants, Miss Pierce and Miss French, may well be pleased. The first patient was on time for the opening day, and occupied the first bed, and within a month there were eleven patients.

DR. BRUCE SMITH gave an interesting address to the first class of graduating nurses at McKellar General Hospital, Fort William. The graduates were: Miss Madeline Macdonell, Miss Janet Nolan, Miss Lucy Warwood. The three graduates were all given diplomas, which were described by Dr. Smith as being good forever. The medals given by the Board of Trustees are of gold, suitably inscribed, and bearing the Fort William coat of arms. Mr. Stevenson, President of the Board of Trustees, presided, and in addition to the address of Dr. Smith there were addresses by Mayor Murphy, E. R. Wayland and Dr. Birdsall. Miss Stinson was presented with a beautiful pin, the gift of Mr. F. W. Young and Mr. L. L. Peltier, for the best essay on Typhoid. After the exercises refreshments were served by members of the Ladies' Aid of the hospital.

MISS MAY FOGARTY (R.I.H.), is visiting friends in Minneapolis.

MISS ELIZABETH ARGUE (R.I.H.), is spending the summer in Winnipeg.

MISS KATHLEEN SCOTT (R. I. H.) is spending her vacation in Victoria Harbor.

MISS B. PROSSER, a Guelph General Hospital graduate, has gone to Michigan to follow her profession.

MISS A. CAULFIELD, graduate of G. G. H., now of Dr. Kelly's Sanitarium, Baltimore, is spending her holidays at her home in Guelph.

MISS MARGARET NORWICH and Miss Augusta Ogilvie have returned to New York after a three weeks' vacation with friends in Toronto.

MISS CATHERINE V. MACKENZIE, Listowel, Ont., graduate of the Galt Hospital, spent the summer at the Muskoka Lakes, Gregory, Muskoka.

MISS E. M. CARLETON, graduate of the G. G. H., who has been doing private work in Guelph and vicinity, has left on an extended trip to Edmonton.

MISS H. MONTGOMERY (R.I.H.), Superintendent of the Alexander Hospital, Montreal, is spending a week with Miss Mathieson at Riverdale Hospital, Toronto. s

THE Guelph General Hospital Alumnae Association held their annual picnic on July 10 at Riverside Park. It was well attended and a most enjoyable time was spent.

MISS A. C. MURRAY (R. I. H.) who has recently accepted the position of Superintendent of the Isolation Hospital, Grand Rapids, Mich., spent the month of June with friends in Toronto.

THE new isolation hospital, Edmonton, Alberta, was formally opened August 21st. Miss Mitchell (graduate of Guelph General Hospital) is Superintendent. The diphtheria wards are in charge of Miss Gordon (graduate of the Western Infirmary, Glasgow, Scotland), and the scarlet fever wards in charge of Miss E. M. Carleton (graduate of Guelph General).

DURING the month of June the members of the Kingston General Hospital Training School for Nurses enjoyed a course of lectures on Practical Dietetics, given by Miss Susie Bawden, a graduate of the Boston School of Cookery. The importance of this subject in a nurses' curriculum cannot be too strongly emphasized. It is so very essential in caring for convalescents and in nursing cases of acute neurasthenia.

MISS MAHONEY (St. M. Hosp., Toronto), has been very ill at the hospital, but is now improving.

MISS STUBBERFIELD (St. M. Hosp., Toronto), has returned from spending the summer at Jackson's Point.

MISS BESSIE MILLS (St. M. Hosp., Toronto), of London, Ont., spent a pleasant week with her classmates in Toronto.

MISS ANNA MACNEVIN (St. M. Hosp., Toronto), has returned from a two months' trip to California and the Coast.

MISS SCADDING is now in charge of the pavilion at the T.G.H., and Mrs. Feeney, of the Burnside Hospital (T. G. H.).

MISS EDITH GREEN, a graduate of Ottawa General Hospital, was married in the month of August last to Mr. Carnegie, M.P.P.

MISS ROSE KIMMET (St. M. Hosp., Toronto), of St. Catharines, who has been at home for the past year is now private nursing in Toronto.

MISS ETHEL C. MCKINLAY has resigned her position as Head nurse of the Kootenay Lake General Hospital, and goes to Vancouver to take up private nursing.

Miss Edyth Galloway, of the Sarnia Hospital, and Miss Isabel Hutchinson, of the V. G. Hospital, London, have both been admitted to the Order, and are at Winnipeg and New Liskeard, respectively.

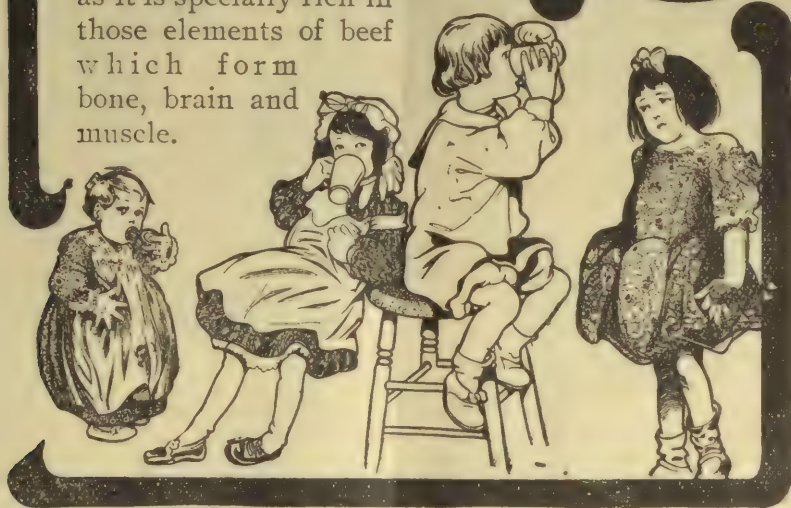
MISS MINNIE ADCOCK, late of the Lethbridge, Alta., Hospital, has taken up her duties in her new position as Superintendent of the Home Hospital, Fernie, B.C. Miss Adcock is a graduate of the Guelph General Hospital.

On Tuesday, Sept. 10, a memorable designation service was held in Knox Church, Toronto, on the occasion of the appointment of Miss Christina M. Mitchell, to the Roland M. Boswell Hospital, at Vegreville, Alta., as Superintendent. Among those who took part in the service were the minister of the Church, the Rev. A. B. Winchester, the Rev. Principal McLaren, D.D., the Rev. E. D. McLaren, D.D., and the Rev. Dr. Somerville. The W.H.M.S. of the Church presented Miss Mitchell with a life membership in the Society, and Lady Mortimer Clark, of Government House, presented her with a dainty and bountiful supply of ciderdowns, counterpanes and household linen, with every accessory, for her own room in the hospital—a most thoughtful and beautiful gift. Miss Mitchell was called on for a few words of farewell, and spoke with quiet enthusiasm and evident gladness of the work she had given herself to. She will be very much missed by the nursing profession in Toronto.

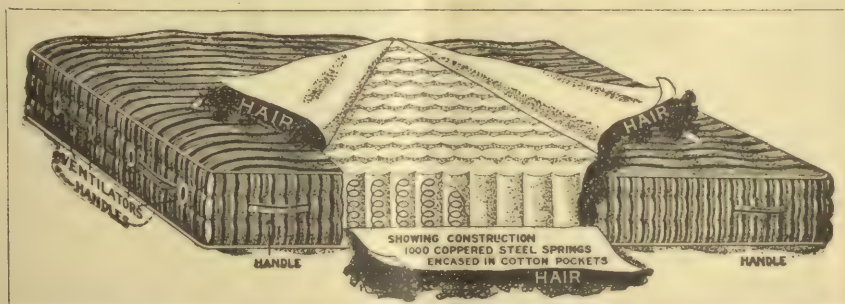
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MISS PURDY'S (T. G. H.) many friends are delighted to hear that she has sufficiently recovered from her long illness to take up nursing again.

MISS ELLISON, former Secretary of the V.G.N.A., paid us a flying visit on her way through from Los Angeles to Banff, where she goes to spend a holiday.

THE Alumnae of the Kingston General Hospital are putting forth great efforts to have their booth in the "Made in Canada" Fair, to be held in Kingston in October, a success.

MISS EWING (H. F. S. C. T.), who has been quite ill, has gone out to Michigan to spend several weeks with friends out there. We trust that the change will completely cure her.

MISS O. ELLIOTT, of New York; Miss Middleton, of the Nursing-at-Home, Toronto; Miss A. Neish, of New York, and Miss H. Hill, of Montreal, graduates of the Kingston General Hospital, were in Kingston for a short time. Miss Hill, who has had great experience as a private nurse, gave a very interesting and instructive talk to the nurses in training on Private Nursing.

For the month of June the Toronto Central Registry had 120 calls, 15 being personal, the remainder registry calls. Out of this number only five were unanswered. Three applications for membership were accepted by the committee. The total number of graduates on the roster at present, 240. Bank balance, \$485.82. Amount due the registry cashier, June 30, \$140. The next meeting will be held on Oct. 1.

On Monday, June 18th, there was a meeting of the Council of the Canadian District of the G. S. B., at which the Council had the privilege of discussing Guild matters with Miss Wood. In the evening the regular monthly meeting of the Guild was held at the Montreal General Hospital. A general invitation to this meeting was given to the nurses of the Royal Victoria and Montreal General Training Schools. The Guild service, which was held in the Hospital Chapel, was very hearty and inspiring. The Chaplain gave an address, in which he made a special appeal to the nurses of the two training schools to join the Guild. After the service an adjournment was made to the Nurses' Home, where refreshments were served; then Miss Wood spoke. One feels and hopes that no one who heard them can easily forget her words. They were words spoken from woman to woman, from nurse to nurse; spoken with authority of *the things she knew*. Surely the inspiration of her enthusiasm, and the quiet wisdom and force of her addresses must do much to strengthen the Guild here as elsewhere.



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**TORONTO.
CANADA**

MISS FIELD (T. G. H.) has returned from England.

MISS MCINTOSH (M.G.H.), is now in charge of the Government Immigration Hospital at Quebec.

MISS MCKENZIE, who has been engaged in hourly nursing in Toronto, spent her vacation in New York and the sea-side.

MISS ARGUE (Riverdale Isolation Hospital) is in Winnipeg for her summer vacation.

MISS HUNTER (Toronto) has gone out to Calgary for her holidays. She expects to be away for a couple of months.

MISS LAWLER, Superintendent Memorial Hospital, Niagara Falls, N.Y., spent a few days in Toronto during August.

MISS HODGSON's many friends were delighted to welcome her home again. We understand she is returning to Cleveland for the winter.

MISS RAYMOND (Butterworth Hospital, Grand Rapids, Mich.) has accepted the position of operating room nurse at the Hachenry Hospital, Muskegon, Mich.

MISS FLAWS, Superintendent, Butterworth Hospital, Grand Rapids, Mich., spent part of her vacation in Toronto, and paid a visit to the Central Registry.

MISS K. MCTAVISH (T. G. H.) has returned to the hospital in Atlin, B.C. She was engaged in private nursing in Toronto during the winter and spring.

MISS LOWNY and her sister, Miss Daisy Miller of Ottawa, spent a few days in Toronto during August. Miss Miller is a graduate of Harper Hospital, Detroit.

MISS GERTRUDE WILSHIRE, Secretary of the V.G.N.A., is shortly to be married to Mr. Channing Buckland, of Auckland, New Zealand. Miss Wilshire is an Australian, a Sydney Hospital graduate, and has only been in Vancouver eight months. She has been keenly interested in nursing and the advancement of the profession, and the Vancouver Graduate Nurses Association. After her marriage she will continue her secretaryship and interest generally in the professional world.

MISS CHARLOTTE SMITH, of Woodstock, Ont., a graduate nurse of the Marion Sims Hospital, Chicago, Ill., has recently completed her course of instruction in the Swedish system of Massage, Medical and Orthopedic, Gymnastics, Electricity and Hydro-Therapy at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa. Miss Smith has returned to Woodstock, but intends in the near future to locate permanently in Winnipeg.

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Paste, used such tartar-teeth clean



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POWDER,
OR PASTE**

in the morning.



THE MINISTERING ANGEL

MISS CAMERON resigned her position as Treasurer to the V.G.N.A., and Miss Rosalie Woodrow was unanimously appointed in her place.

MISS PIERCE, late Head Nurse of the Calgary General Hospital, has accepted the position of Staff Nurse in the Royal Inland Hospital, Kamloops, B.C.

DR. SHANKEL and Dr. Keay, who graduated at McGill this spring, have received appointments on the house-staff of the Victoria General Hospital, Halifax, N.S.

MISS JOSEPHINE MACDONALD, of Halifax, N.S., graduated in July at McLean Hospital, Waverley, Mass. Miss Macdonald is the fifth sister to graduate in her family.

MISS MORRISON, President of the V.G.N.A., is in charge of the hospital at Atlin, B.C. Miss L. Fonseca, in her absence, is ably carrying out the President's duties.

MISS MCKENZIE, Superintendent of the hospital, Cheyenne, Wyo., spent a few days at the Public General Hospital, Chatham, this summer. She is a graduate of the hospital.

MRS. CLARK has taken over the responsibility of the Victorian Order District Nursing, and the Graduate Nurses' Registry, Vancouver, in Miss Cruikshank's absence on the continent.

MR. EUSTACE HUBBARD, graduate of Bellevue Hospital, New-York, is nursing in Vancouver. He is a member of the V.G.N.A., and a great acquisition to the nursing world here.

THE V. O. Nurses' Home has been moved from 831 Daire Street, Vancouver, B.C., to 1134 Daire. The Home is larger and more comfortable than the last, and already the nurses are very happy in their new quarters.

THE New Isolation Hospital of Edmonton, Alta., will soon be opened and ready for patients. This hospital contains sixty beds, and is extremely comfortable. It will be a great boon to the city, and fill a long felt want.

HAGAR MCLEAN WISHART, M.D., formerly of Welland, Ont., a graduate of the Women's Medical College in Philadelphia, is taking a post-graduate course in Electro-Therapy at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia.

MISS NOURSE, Head Nurse of the Galt General Hospital, has returned from a month's vacation spent at her home in Sherbrooke, and neighboring points. Miss Nourse will be in charge of the hospital during Miss Robinson's absence in the Old Land.

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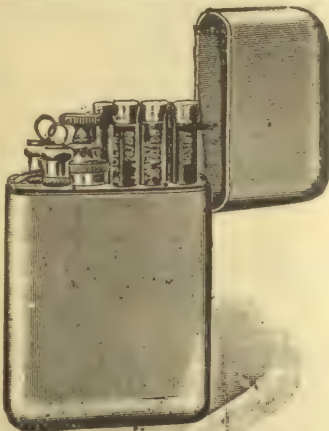
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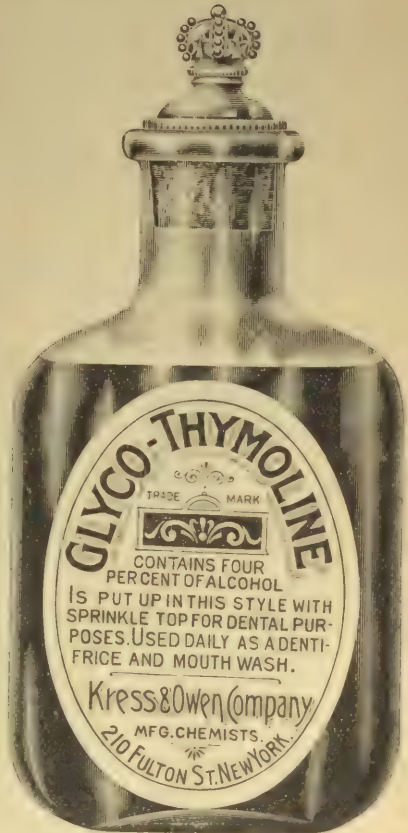
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MISS ANNIE BROWN (Dauphin G. H., '07), is spending a month holidaying in Saskatchewan.

MISS CALLIN, graduate Winnipeg General Hospital, has resigned her position in the Inland Hospital, Kamloops.

MISS PLEWES, a graduate of the Hahnemann Hospital, New York, has accepted the position of assistant at the Chateawaga Hospital, Tenn.

SINCE the 1st of January Miss Maud Moore (B.G.H., '06), has held the position of assistant superintendent of the Brockville General Hospital.

MISS McNAUGHTON, graduate of the General Hospital, Hartford, Conn., has taken a position on the staff of the Royal Inland Hospital, Kamloops, B.C.

MISS MARTHA MARRIOTT (G. and M. H., St., Catharines), of Buffalo, N.Y., will make a prolonged visit to Winnipeg, and other places in the West, for the benefit of her health.

MISS ELIZABETH BRACKEN (Dauphin G. H., '06), is severing her connection with the hospital at Battleford, and is about to leave for New York, where she intends taking a post-graduate course.

MISS MARY MURRAY (V.G.H., '05), is seriously ill at her home in Halifax. Miss Murray strained herself while lifting a patient, and an immediate operation was necessary. Miss Murray has been doing private nursing since she graduated.

THE graduating exercises of the Public General Hospital Training School for Nurses, Chatham, were held in the First Presbyterian Church, June 3rd. The graduates are: Miss L. Maynard, Windsor; Miss L. Fanaziek, Woodstock; Miss E. Newkirk, Chatham; Miss H. Brighty, Aylmer. The church was beautifully decorated for the occasion. After the exercises were over, the nurses and their friends were entertained at the home of Mrs. Phillimon, Wellington Street.

MISS MARY GRAHAM GUNNE completed her three years' course of training at the Dauphin General Hospital on July 23, and on the evening of the same day was presented with her medal and diploma, in the presence of the Board of Directors, the medical and nursing staff, and a few guests. Miss Gunne has distinguished herself by securing exceedingly high marks in her final examination, especially so in materia medica, and in obstetrics and gynecology. She went West for a rest, after which she returned to Dauphin to take charge of the hospital, during the month of August, while Miss Brereton is having her holidays.

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The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

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THE Brockville General Hospital is putting in a new steam laundry.

MISS FULLER, a graduate of Kootenay Lake Hospital, Nelson, B.C., is visiting friends in California.

MISS L. KELLY, of Watford, spent a few days at the P. G. Hospital, Chatham, renewing old acquaintances.

MISS A. M. BOYD (T. G. H.) returned in August from a very delightful trip in England, Scotland and France.

MISSSES MANHART and Dignam (K. L. H., Nelson, B.C.), have accepted positions in the General Hospital, Phoenix, B.C.

MISS HAGGART, late Lady Superintendent of the Victoria Hospital, Revelstoke, has been appointed head and surgical nurse of the Royal Columbian Hospital, New Westminster, B.C.

MISS LAWRENCE, graduate of Grace Hospital, class of 1900, has been appointed Superintendent of Sarnia General Hospital.

MISS A. M. BOLE (T. G. H.), owing to ill health, has returned to her home at Sault Ste. Marie, where she will remain for the present.

MISS JOSEPHINE YOUNG (V. G. H., '06), has completed her course at the Boston Lying-In Hospital, and has returned to take up private nursing in Halifax.

MISS PAULINE MARTIGNONI and Miss Florence Atkinson (Royal Alexandria Hospital, Fergus, '06), have given up private nursing and taken positions in the King's County Hospital, Buffalo, N.Y.

MISS M. R. MACDONALD has, to the regret of everyone, resigned her position as Superintendent of Victoria General Hospital. Miss Macdonald will take a year's rest and will reside with her brother in Tacoma, W.T.

MISS B. ELMA KENNEDY, Superintendent of the P.G.H., Chatham, for the past five years, has resigned her position on account of ill health. She left on August 1 for a trip to the Coast and California. Miss Kennedy was accompanied by Miss Bonter and Miss Fanazick, both graduates of the hospital.

The regular monthly meeting of the Galt Hospital Alumnæ Association was held on June 4th. There was a good attendance, the President, Mrs. Wardlaw, in the chair. The special feature of the meeting was a very interesting and instructive address by Dr. Radford on the "White Plague." The speaker emphasized the fact that nurses can do much to instruct the public with regard to the proper care of tuberculous patients. An informal discussion followed, after which the meeting adjourned.

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THE Victoria General Hospital Training School for Nurses, Halifax, graduated a class of five this spring, and the following nurses received their diplomas: Miss Janette Sinclair, Goshen, N.S.; Miss Eunice Covey, Indian Harbor, N.S.; Miss Beatrice Andrews, Sydney, N.S.; Miss Nellie McInnes, Halifax, N.S.; Miss Agnes Cox, Stewiacke, N.S. Miss Andrews left at once to take a position as head nurse in the Brookland Hospital, Sydney, N.S. Miss McInnes is doing private nursing in Halifax. Misses Sinclair, Cox and Covey remained in charge of wards.

The graduating exercises of the Brockville General Hospital Training School for Nurses for 1907 were held on the evening of June 25th in the lecture hall of the Collegiate Institute. Addresses were given by the Rev. Mr. Sellery and Dr. Jackson. The pins and diplomas were presented by Mrs. Geo. P. Graham, President of Woman's Auxiliary, and Mr. T. J. Storey, President of Board of Governors. Refreshments were afterwards served on the hospital grounds, which were prettily decorated with Chinese lanterns, and where an orchestra was in attendance. The three nurses graduating were: Ethelwyn Marshall, Cultsville; Laura Chapman, Brockville; Alice Milliken, Strathroy.

THE additions and improvements to the Nurses' Residence connected with the Galt Hospital are now completed, with the result that the nurses have a very bright, pleasant and comfortable home in which to spend their off-duty hours. The capacity of the residence has been doubled by this addition of a story, and the whole has been decorated and practically refurnished. The situation is ideal, and a broad verandah and a balcony command a view that is unsurpassed for beauty. The nurses are to be congratulated on the success which has crowned the efforts of many kind friends to give them comfortable, homelike surroundings. Special thanks must be given to the Woman's Hospital Aid Society in this connection.

A MEETING of the Alumnae Association of the Royal Alexandra Hospital, Fergus, was held at the hospital on May 23rd. A number of the members were attending to professional duties and therefore could not be present, but those who were able to attend report having spent a very enjoyable and profitable afternoon. Very interesting addresses were given by Mrs. Bright, Honorary President, and by Dr. Groves, Medical Superintendent of the R. A. H. Mrs. Bright spoke at some length on a nurse's duty to and sympathy with her patient and patient's friends, her duty to the profession and to herself. She emphasized carefulness and exactness in giving medicines, treatment, etc. Tea was served in the dining-room, after which the members of the Association were entertained by the graduating class in their pretty sitting-room on the third floor. The meeting was much more interesting than

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any of the previous ones, and we hope that as our members increase the meetings may become more and more helpful.

THE graduating exercises of the Royal Alexandra Hospital Training School for Nurses, Fergus, were held on the afternoon of June 27th, 1907, at the hospital. The assembly room was beautifully decorated with the school colors, royal purple and gold. Rev. Mr. Wright, of the Methodist Church, was in the chair. Addresses were given by Dr. Groves, Dr. Edith Beatty, Rev. J. R. Bell, Rev. W. Sterne, and the clergymen of the town and Dr. McMahon, of Toronto. Diplomas and badges were presented by Dr. Annie Ross, of Guelph, to the following nurses: Nellie W. North, Wiarton; Lottie M. Sterne, Drayton; Isabel Gibson, Moorefield; Edythe Lee, Orangeville; Margaret J. Byers, Toronto. The class essay was read by Miss North. Flowers in profusion were presented to the graduates, after which the exercises closed with the National Anthem. In the evening a garden party was given by the Alumnae Association in the beautiful grounds of the hospital. Prettily decorated booths, in charge of graduates, assisted by undergraduates, were scattered through the grounds, and from these refreshments were sold, as well as fancy articles contributed by the nurses and their friends. Chinese lanterns were hung in the trees, making a lovely background. The garden party was a very great success, both from a social and a financial standpoint, over \$160 being taken in on the grounds. The proceeds of the fete are to go towards furnishing a ward in the hospital for sick nurses.

THE annual meeting of the Alumnae Association, Mack Training School for Nurses, G. and M. H., St. Catharines, was held in the Nurses' Home on Wednesday afternoon, August 28. Mrs. Parnall, the President, occupied the chair. The election of officers took place, the same officers being re-elected: President, Mrs. Parnall, St. Catharines; 1st Vice-President, Miss Marriott, Buffalo; 2nd Vice-President, Miss Kellman, Newmarket; Secretary-Treasurer, Miss Tuck, St. Catharines. It was decided to inaugurate a fund for the benefit of sick nurses. After the business transactions the rare privilege was enjoyed of hearing a returned missionary from Central Africa speak. Miss Nellie Atkinson, a former graduate of Mack Training School, has spent eight years among the blacks of that heathen country. Her words were very impressive, and gave all who heard her speak, a consciousness of how little is sacrificed by those at home for the sake of saving lost ones. A few feeling words from the President expressed appreciation of Miss Atkinson's words, and the Association voted \$25 for her work. Members were present from Welland, Montana, Toronto, Niagara Falls, and Woodstock. After an adjournment those present were entertained by Miss Hollingworth to tea. At 8 o'clock the same evening graduation

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exercises were held in the Court-room of the City Hall. When the Chairman, Mr. M. Y. Keating, opened the exercises the room was well filled with an interested and appreciative audience including the members of the Alumnae Association who remained for the evening gathering. The graduates were Miss Jean Robertson, Nithburg, Ont.; Miss Mary Thompson, Merriton, Ont.; Miss Lydia Good, Berlin; Miss Helen Trotter, Port Hope. They were the recipients of quantities of flowers coming from many whose esteem they have won during their training. An excellent musical programme was rendered, at the close of which a pleasant half hour was spent, many friends surrounding the new graduates and bestowing on them congratulations and good wishes. Dr. E. M. Hooper, Mr. McSlay, Mrs. J. G. Moore and Miss Helen Trotter, took part in the proceedings.

BIRTHS.

HOPKINS.—On July 23, to Mr. and Mrs. Hopkins, of Holt, Ont., a daughter. Mrs. Hopkins (née Foster) is a graduate of T. G. H.

LOVELESS.—On June 16, to Mr. and Mrs. Robert Loveless, Agincourt, a son. Mrs. Loveless (née Patterson) is a graduate of the Western Hospital.

MCCALLUM.—At Dauphin, Man., Aug. 17, the wife of John McCallum of a daughter. Mrs. McCallum (née Hyde) is a graduate of the Toronto General Hospital.

MARRIAGES.

ELDER—ROSS.—By the Rev. Dr. Gilray, Miss A. Caroline Ross (T. G. H.), to Mr. George Elder, of Toronto.

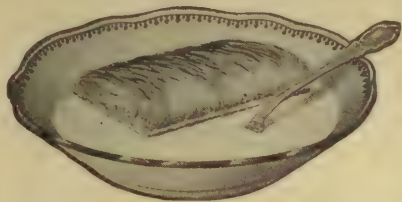
RANKIN—YATES.—On Aug. 3, 1907, Miss M. E. Yates (Class 1900, St. M. H.) to Mr. John Rankin, jun., of Montreal.

WATTERWORTH—GRANT.—On July 27, 1907, Miss Helena M. Grant (Class '05, St. M. H.) to Mr. Howard Watterworth, of Winnipeg.


ROMANS—MCCULLOUGH.—On June 20, 1907, Mr. Burton A. Romans to Miss Lillian McCullough (T. G. H., 1904). Mr. and Mrs. Romans will reside at Halifax, N.S.

FISHER—BAYLEY.—On July 3, at Collingwood, Mr. Edward A. Fisher to Miss Maud Bayley. Mr. and Mrs. Fisher will reside at 442 South Chestnut St., Ravenna, Ohio.

TOM—STANWIC.—Miss Sara Stella Stanwic (T. G. H., 1898), was married on Aug. 7th, to Mr. Elliott Tom, at Ragan, Nebraska. Mr. and Mrs. Tom will reside at 2901 Q. St., Lincoln, Nebraska.



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BURN—SUTHERLAND.—At the residence of the bride's father, "The Blenheim," Westmount, Que., July 11, 1907, Miss Lissa Sutherland (Lady Stanley Institute, 1907), to Mr. Daniel Burn, of Ottawa.

RUTHERFORD—LEMON.—At Owen Sound, on Sept. 10, 1907, by the Rev. G. W. Woodside, M.A., Dr. Allan Ballah Rutherford to Audrey Gwendoline, eldest daughter of the late Wm. Lemon, and graduate of H. S. C., Toronto.

RODEN—LAND.—On Wednesday, Sept. 11, at 314 Markham St., the home of the bride's parents, by Rev. W. H. Hincks, L.L.B., Mabel Prudence Land (graduate of the G. & M. Hospital, St. Catharines) to Thomas Roden.

BUCKE—CLARKE.—At All Saints' Church, Hamilton, on Sept. 11, 1907, by the Ven. Archdeacon Forneret, Miss Ellen B. Clarke, daughter of the late R. M. Clarke, of Belleville, to Julius P. Bucke, County Crown Attorney, County of Lambton. [Mrs. Bucke is a graduate of Grace Hospital, Toronto, and was for several years Superintendent of Grace Hospital. For some time she has been Superintendent of the General Hospital, Sarnia.]

OBITUARY.

A LETTER from over the seas conveys the sad intelligence of the death, on June 17, at Iloilo, Panay, Philippine Islands, of Minnie E. Bates, wife of Dr. J. H. Hickson, of the U. S. Army. Mrs. Hickson was a trained nurse, having graduated from Mack Training School, St. Catharines, in 1896. After graduation she remained for some time as head nurse in the General and Marine Hospital, going south in the summer of 1898 to join the ranks of the army nurses during the Spanish-American war. For some time she served in the Presidio, San Francisco, resigning from there in 1900 to be married. In 1903 she sailed for the Philippines to join her husband. News of her death in the far-away Philippines will bring sincere grief to many in Ontario, for as Miss Minnie Bates she was much and deservedly loved by a large circle of friends here. To her old associates in the General and Marine Hospital, now scattered far and wide, news of her death will come as a deep personal bereavement, for neither time nor space has had power to sever the bonds of friendship formed during the days they labored together. Mrs. Hickson leaves a fifteen-months-old boy. St. Catharines nurses deeply sympathize with the bereaved relatives.

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Transactions of the First Annual Meeting of the Canadian Hospital Association. We are indebted to the Secretary, Dr. J. N. E. Brown, for a copy of the proceedings of this important association.

Practical Hygiene. ALICE RAVENHILL, F.R. San. I. Leeds and Glasgow: Arnold & Son.

Professor Michael Sadler, in the Introduction which he contributes to this interesting book, truly says that educational ideas are passing through one of those periods of change caused by new ways of thinking about our place and work in the world. People realize better the interdependence of mind and body. Miss Ravenhill, a distinguished worker in hygiene, with many friends on both sides of the sea, has prepared a book which cannot fail to be of great help to teachers. It is a practical handbook, containing a series of simple experiments, a vast deal of accurate and valuable information, and a complete yet clear presentation of a great subject. This book attracted great attention at the International Congress of School Hygiene. Its success is assured.

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III.

TORONTO, NOVEMBER, 1907.

No. 11

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The Muskoka Free Hospital, built in 1901, which has accommodation for about ninety patients, is situated a mile distant from the private institution.

This society owes its origin to the public spirit and generosity of Mr. W. J. Gage, who not only initiated the movement for its establishment, but has through all its history supervised every effort made for its maintenance.

Not directly under the management of the National Sanatorium Association, but affiliated with it, is the Toronto Free Hospital for Consumptives, near Weston, to which those in the advanced stages of the disease are admitted. It accommodates eighty-six patients. The total number of patients treated in these three institutions since the work commenced is rather more than 2,500. This Association has thirty-two branch societies. It has yearly distributed throughout the Dominion tons of literature bearing on this subject, and has recently started a monthly publication called *Canadian Outdoor Life*.

The Canadian Association for the Prevention of Consumption and Other Forms of Tuberculosis was founded in 1901 at the instance of Lord Minto, then Governor-General. It is supported chiefly by the Dominion Government, with headquarters in Ottawa. The Association is purely educational. It owns no

*An interesting historical sketch, an account of the Etiology of the disease, and a brief reference to the "World's War" against Tuberculosis form the introduction. Read at the annual meeting of the C. A. S. T. S. N.

sanatoria and holds no property of any kind, but carries on its propaganda by means of public lectures and the distribution of suitable literature.

Local branches of the Association have a constitution in all respects similar to the parent society, except that their work includes the treatment of the disease and consequent provision for securing all organization necessary to that end, such as municipal sanatoria, relief homes for those in the advanced stages, dispensaries, tents, and minor appliances for the home treatment of those who cannot be placed in a sanatorium.

CANADIAN SANATORIA.

In Canada, so far as I can find out, in addition to the three institutions already mentioned for the admission of consumptives, are the following:

Ontario.—Mountain Sanatorium at Hamilton, employs a visiting nurse; Galt has a Swiss cottage; Stratford has two tents; Kingston has a shack; Ottawa has two wards in Water Street Hospital.

Quebec.—St. Agathe des Monts Sanatorium.

Nova Scotia.—Provincial Sanatorium at Kentville; Wolfville Highlands Sanatorium (private).

Alberta.—The Calgary Sanatorium.

British Columbia.—Special building at General Hospital, Vancouver.

DISPENSARIES.

There are three dispensaries: (1) Dispensary of Montreal League, employs an inspector but so far no nurse; (2) Toronto General Hospital Dispensary, employs a visiting nurse; (3) Dispensary at General Hospital, Hamilton.

There is a reasonable prospect that at an early date the city of Ottawa will be provided with a relief home for advanced cases. Negotiations to this end are being carried on between the local association and the City Council.

A sanatorium in all probability will soon be provided by the Councils of the city of London and the county of Middlesex acting conjointly. The site is selected outside the city of London and terms of joint ownership and support have been definitely arranged.

In Manitoba a sanatorium has been projected. \$50,000 has been promised. When these funds are actually in hand the government will donate \$25,000. It is expected that work will be begun this year.

Steps have been taken to this end also in British Columbia. \$60,000 has been collected, but \$100,000 is required. Provision has already been made for organization and maintenance.

The Ottawa Local Association was formed in March, 1905. On the 15th of May of that year Miss Rayside, a graduate of St. Luke's Hospital, entered upon her duties as visiting tuberculosis nurse. Miss Rayside continued until October, 1906, when she was succeeded by Mrs. Harris, also of St. Luke's. Some time since, Ottawa contributed \$4,300 to the Gravenhurst Association, in consideration of which twenty-four beds are set aside in the Muskoka Free Hospital for such patients as the Local Association may send there. For the maintenance of these patients Ottawa pays at the rate of six dollars per week.

Pending such time as the Local Relief Home can be erected in Ottawa the Sisters of Charity at the Water Street Hospital have placed two wards of four beds each at the disposal of the Ottawa branch. They average three patients.

Two societies assist the Local Association: the May Court Club in supplying eggs, milk and clothing for home requirements, and a Samaritan Society in providing suitable employment and in giving help to patients discharged from the hospitals. The Association has five tents, which it loans or rents. It distributes sputum cups, paper handkerchiefs, clothing, bedding, and often food and fuel. Cases are reported voluntarily to the nurses by hospitals, doctors, church organizations, societies of all kinds, friends of the patients, and by the Charities Department.

The Ottawa nurse states that visits have apparently been appreciated, since she is usually asked to call again. Patients as a rule are faithful in carrying out instructions, and she experiences less difficulty than at first in persuading patients to enter a sanatorium. Cases reported since May, 1905, 171; visits paid in 1906, 848; sputum cups distributed, 2,340. Ottawa was the first Canadian city to engage a nurse in instructive visiting work, and I think Toronto and Hamilton are the only other cities carrying on work along similar lines.

NURSES' SPECIAL WORK.

In regard to the nurses' part or opportunity, it is difficult to secure data as to what has been done. Doubtless in this country, as elsewhere, much unrecognized good has been done wherever a district nursing organization has existed, as well as by individual nurses. Tuberculosis work differs from ordinary district nursing in many particulars. Little real nursing care may be given. The ground covered is, first, education; second, relief. Its chief significance lies in the personal instruction adapted to the individual needs of those who have tuberculosis and are spreading it, and of those who are exposed to it.

People who do not read or attend lectures will gather around a nurse in their own home and learn from her the gospel of preventability and curability. The nurse who would be successful

in this line has need of knowledge of social conditions, of tact, and of patience beyond the average, to cope with survivals of prejudice and traditional methods which exist among the intelligent and well-to-do as often as amongst the ignorant and poor.

The salient points to be observed in relation to the disease generally are:

1. That tuberculosis is a preventable disease—by destruction of the excretions known to contain the bacilli, and by keeping the organs and tissues of the body at their highest physiological function.

2. That it is a curable disease, as is shown by the reports of many sanatoria in every part of the world and by post-mortem statistics.

3. That there is no specific climate, although some climates have greater healing influences, and that it may be successfully treated in all climates.

4. That there is no specific medicine, only medicine that favorably influences the disease.

5. That to obtain the best results an early diagnosis is necessary.

The chief points in the treatment are that: (*a*) The patient should live continuously in the open air; (*b*) his nutrition should be maintained by all available means at the highest point; (*c*) he should have rest suited to his condition and the stage of the disease; (*d*) all means consistent with his condition should be used to harden the tissues and render them impervious to the invasion of the tubercle bacillus.

INFECTION.

It is interesting here to note that the consensus of opinion of medical men, based upon statistics from consumption hospitals the world over, is against danger of infection to nurses or attendants. For example, in Denver, dust was collected from the streets, from all public buildings and conveyances, from hospitals and from the sanatoria. Upon examination for tubercle bacillus it was found that the safest place in the whole of Denver was in the sanatoria. Walters states, regarding infection among attendants, that "no case has ever been reported from any modern chest hospital which takes even elementary precautions regarding the sputa." This applies to sanatoria, but not to persons doing district work.

1. Pulmonary tuberculosis is not a contagious disease, but only communicable; the contact *per se* of a consumptive individual does not transmit the disease.

2. The scrupulous destruction of tuberculous expectoration and other secretions suffices to do away with all danger of infection or transmission. Therefore the deduction must be that danger of infection for the visiting nurse must depend upon the physical condition of the nurse herself, upon the locality in which

she works, and upon the efficiency with which she may be able to enforce her own instructions. The advice of Dr. Knopf to medical men applies also to the nurse, that is, "if predisposed to tuberculosis one should not undertake this work unless one can live in a health resort, can take life relatively easy, and be able to take just as much care of one's self as one would of the patient."

From the records to which I have had access, I find Edinburgh apparently the first city to engage a nurse in visiting tuberculosis work. This was in 1887, in connection with the dispensary under Dr. Philip's direction. In America a staff of nurses for this work was organized first in 1903, in connection with the New York Department of Health. Signal success has followed this systematic effort, as well as similar organizations in Philadelphia, Baltimore and other American cities.

We have in Canada to-day two National Societies, Local Associations with sanatoria built and sanatoria and relief homes in prospect—this for the 2 per cent. For the remaining 98 per cent., which represents at least 49,000 tuberculous persons, chiefly poor, we have three dispensaries, an inspector, and three instructive visiting nurses.

Truly we need "the combined action of a wise government, well trained physicians and an intelligent people."

The initial step in the solution of the problem of the "98 per cent." in this country would seem to be through concerted provincial legislation, or even by municipal by-laws providing for the compulsory reporting of all cases. A necessary sequence to such a step would probably be systematic house to house visitation.

In the meantime, possibly the key to the situation so far as nurses are concerned may lie with us as superintendents of training schools.

Could not better instruction be given to pupils as to the practical organization necessary to this end? Would it not be possible to impress upon each pupil the duty of imparting this knowledge wherever opportunity offers? Might not we enlist the sympathies and co-operation of Alumnae Associations and Graduate Nurses' Clubs so that when the time is ripe for action Canadian nurses may not be found wanting.

Ottawa.

M. L. MEIKLEJOHN.

THE INFLUENCE OF THE DISTRICT NURSE.—Of all the forms that charity takes, there is hardly one that is so directly successful as district nursing. It is almost true to say that wherever a nurse enters, the standard of life is raised.—*Charles Booth, in "Notes on Social Influences."*

THE SUPERINTENDENT OF THE SMALL HOSPITAL.*

It is my intention to put what I wish to say into a very few words and to confine my remarks altogether to one of the disadvantages under which the lady superintendent of a really small hospital labors. Her position is a most responsible one, particularly where there is no resident physician, and its importance is not to be estimated altogether by the size of the building or the number of its cots. She is frequently called upon to meet and deal with emergencies that never confront the superintendent of nurses in a large, well-manned institution. To no members of our sisterhood is constant increase in professional knowledge more necessary, but up to the present opportunities for obtaining this have been meagre.

In the annual reports of some of our prominent training schools appears the number of graduates holding hospital positions—my own Alma Mater could boast of over sixty—yet no school of which I have heard offers any facilities whereby these women, many of whom are far removed from all college influence, may keep fully abreast of the times in every detail of their work.

It is true they are at liberty to go over the old wards where they took their training, and if there should happen to be an operation they may witness it, but only those who have had to depend on this for fresh inspiration know just how unsatisfactory it is.

Can our new National Society not do something for us along this line? Would it not be possible for the large hospitals represented here to arrange yearly, or every second year, a course of lectures by progressive medical men, supplemented by demonstrations in advanced nursing methods, which all Canadian graduates might attend on payment of a fee? Last year at Miss Farmer's Summer School in Boston I heard ten lectures on dietetics by Dr. Joselyn, of Harvard University. These were most interesting and instructive. Of what inestimable value would be ten such lectures on medicine or surgery, on gynecology or obstetrics, to those of us who have not the good fortune to live at an educational centre? They would be like water to the dry and thirsty land.

This may seem to be asking too much of our parent schools, but if the matter were taken up in turn by each of the large city hospitals the duty might not be extremely arduous, while the benefit to their graduates would be very great indeed. There is usually a time in the spring or early summer when the work in the wards is comparatively light and when those in charge of small hospitals could easily leave their duties to the senior nurses. At that season, too, we may expect less sickness outside of the hospitals, and many graduates engaged in private nursing would not be too busy to take advantage of a good course of instruction.

*Read at the Annual Meeting C.A.S.T.S.N.

It may be objected that, with the existing abundance of literature on all our subjects, an innovation of this kind would create a great deal of unnecessary trouble, but though books are good and magazines a wonderful help, there is something in personal instruction from men and women who are teachers by nature as well as through training, which no amount of reading can furnish. That this is a well-established and time-honored belief is shown by the high value that has ever been placed on lecturing in the education of students for all the professions. With them, however, the passing of examinations and obtaining of diplomas does not mean an end to all share in the future progress of their college. Ample provision is made for their further development. The Detroit Post-Graduate School of Medicine, in advertising special courses from September 2nd to 21st of this year announces that: "These special courses are offered to those busy practitioners whose everyday work makes it difficult for them to keep pace with the rapid progress in medicine and surgery." The schedule of lectures, clinics, etc., is so arranged that no part of the time the busy man takes from his practice need be wasted.

In my opinion it is something like this that we nurses need, a course not occupying so much time that those engaged in institutional work must give up their positions in order to attend, but one, without social distractions, planned in such a way that every working hour of perhaps ten days or two weeks might be devoted to genuine study.

This may not appeal to you all; I hardly dare to hope that even the majority will think with me, but there cannot fail to be other superintendents of small hospitals who feel that, were they better equipped, the many calls on their versatility and resource might be answered more efficiently, and that not only the training of the nurses, but the lives of the patients, would be safer in their hands.

"A little knowledge is a dangerous thing. Drink deep." Well, perhaps we are not quite prepared for that, but a little draught occasionally would be a help. Will not they who first gave us to drink pass the goblet again?

LILLA J. SHEPPARD.

THE CHICAGO CONVENTION.

The ninth annual convention of the American Hospital Association was held at the Palmer House, Chicago, Sept. 17th to 20th. In many respects it must be counted the most successful meeting the Association has ever had. The programme was one of unusual interest, and from start to finish the enthusiasm never waned. A very pleasing feature of the convention was the number of Canadian visitors present. A list of these, copied from

the register, will be found elsewhere. Mr. John Ross Robertson, well known as a most liberal friend of hospitals in general and of the Toronto Hospital for Sick Children in particular, was present throughout the entire session and contributed many excellent and practical points toward some of the discussions. Dr. J. N. E. Brown, Toronto General Hospital, presented an interesting paper on, "The Work of an Immunizing and Inoculating Department," and Dr. Bruce Smith, Inspector of Charities of Ontario, gave a most practical and profitable paper on "Waste in Hospitals." Both of these papers called forth an animated discussion that was profitable to all concerned. All the members present felt highly favored because of the opportunity to hear Miss Jane Addams, of Hull House, Chicago, speak on "The Layman's View of Hospital Work among the Poor." Dr. Richard Cabot, of Boston, was present on Thursday, and spoke on "The Organization of an Out-Patient Department," with special reference to his work in improving that department at the Massachusetts General Hospital, Boston, by the appointment of a corps of visiting nurses and social workers to follow up the dispensary work in the homes. He paid a fine tribute to the visiting nurse, comparing the physician trying to do out-patient work without a nurse to assist, to a body without hands. Dr. Goldwater, of Mount Sinai Hospital, New York, in his report on hospital efficiency, also referred to the increased efficiency of that department in his own hospital since nurses had been appointed to visit in the homes and see that the measures prescribed as treatment were carried out. The general feeling seemed to prevail that the best work of hospitals along several lines was impossible without the assistance of visiting nurses. Everything seems to indicate that visiting nursing in America is only in its infancy, and that as the years go by its value as a social force will be more and more recognized. In the session devoted to the question box the following questions of general interest to nurses were discussed: "The cause of the diminished number of applicants," "Is the eight hour day for nurses practicable?" "Is it desirable that a chair of hospital administration be established in universities?" While it seemed to be generally believed that a university course in hospital administration was desirable it was also admitted that such a course would be possible for only a comparatively small number and that a well-established hospital could give a very excellent practical course in executive work if the system were once established. We predict that the nurses of the future in Canada and the United States will ere long have such an opportunity afforded them in a number of hospitals.

The closing session of the convention was devoted entirely to the training school. Miss Mary L. Keith, Superintendent of City Hospital, Rochester, gave the first report on progress in training schools ever given to the Association. It was a most excellent

resumé of her observations on methods and conditions. Mr. Geo. P. Ludlam, Superintendent of New York Hospital, New York, presented an able paper on "The Reaction in Training School Methods." These papers called forth a most spirited and profitable discussion. It was quite generally admitted that much superfluous matter along medical lines was being crowded into the curriculum which was of no practical value to any nurse and that the time had come to call a halt and examine our methods in this particular. Both the two-year and three-year term had their earnest advocates, but the utmost good feeling prevailed throughout the entire discussion.

The most important advance step taken was the admission as active members of trustees and directors of hospitals, which greatly enlarges the sphere of the Association. A petition was presented signed by about thirty members asking for the establishment of a summer school in hospital work lasting from two to four weeks, this course to be open to hospital managers, superintendents of hospitals and training schools, physicians, nurses, and all others who may be sufficiently interested to pay the tuition fee and attend. This request was received too late for action this year, and was referred to the Committee on Training Schools. It is one of the things that is bound to come in time.

Dr. S. S. Goldwater, Superintendent of Mount Sinai Hospital, New York, is President for the coming year, with Mr. John Ross Robertson, of Toronto, as his able assistant and local manager in the position of 1st Vice-President. The next convention will meet in Toronto in September, 1908.

CANADIAN VISITORS.

Miss Brent, Superintendent, Hospital for Sick Children, Toronto; Miss De La Matter, Nicolls Hospital, Peterboro; Dr. W. E. Rowley, Superintendent, General Public Hospital, St. John, New Brunswick; J. Ross Robertson, Toronto, Canada; Miss E. M. Patton, Superintendent, Grace Hospital, Toronto; J. S. Park, Superintendent, Montreal General Hospital; R. W. Bruce Smith, Toronto; Dr. J. N. E. Brown, Superintendent, Toronto General Hospital; Mr. H. E. Webster, Royal Victoria Hospital, Montreal; Miss M. Gray, Toronto Hospital for Incurables; Mrs. R. B. Hamilton, Toronto-Orillia Hospital; Miss Helen J. Tolmie, J. H. Stratford Hospital, Brantford, Ont.; Miss Christina J. Banks, McKellar General Hospital, Fort William, Ont.; Miss H. M. Miller, Ross Memorial Hospital, Lindsay, Ont.; H. D. Macintyre, General Hospital, Kingston, Ont.; Mr. J. M. Cosgrave, Superintendent, General Hospital, Winnipeg; Mr. W. W. Kinney, Superintendent, Victoria General Hospital, Halifax.

AN ADDRESS.*

When you put on your nurse's uniform let it not be so straight-laced that it stops the beating of your woman's heart.

Beware of the mercenary spirit, which in these days is debasing everything to the dollar level. Whilst it is true that you must supply your own needs, and make provision for your future, and for these reasons must receive a fair honorarium, recollect always that the true incentive in your profession, as in mine, is to give faithful service.

When I tell you not to be cast down because some one has spoken evil against you falsely, I tell you also not to be unduly elated by the applause of the multitude, for it was the multitude that put Jesus to death and chose Barabbas. In all your doings bring every act to the bar of your own conscience, and if your conscience acquit you, do not mind what men may say of you.

To your sister nurses, working in the same great field to relieve suffering, you owe all sympathy. The same trials, the same weariness, the same discouragements that meet you, meet them also. Is one nurse wronged? You are all wronged. Is one nurse injured? You are all injured. Is one nurse defamed? You are all defamed.

Regarding your duty to your Alma Mater you will make no mistake if you keep in mind the meaning of the term. It is a sacred and tender relationship. She who honors her mother honors herself, and she who dishonors her mother dishonors herself. Though all the world should turn against your Alma Mater yet must you never, for from her you drew the knowledge that has made you what you are. She took you by the hand when you were yet ignorant, and led you into the garden of knowledge, and nourished you until you were able to go forth strong for the work of life.

Try to deserve everyone's good-will by the perfection of your service, then you will command recognition instead of asking it.

Be jealous of your own dignity, remembering always that you belong to a profession, not a trade, and therefore must be sought after, and not be yourselves the seekers.

Keep in touch with the members of your profession, reading nursing journals, and by attending conventions and meetings of nurses, for by so doing you will assist in benefiting your profession, and at the same time increase your own knowledge and broaden your own outlook.

*Abstract of an address to the Alumnae Association of the Royal Alexandra Hospital, Fergus.

And now, Alumnæ of the Royal Alexandra Hospital Training School, be true to one another, and let no germ of disagreement have a resting-place amongst you; love the members of your own school, not thinking less of others, but more of them, for you are daughters of one Alma Mater, and therefore sisters.

A. GROVES.

TORONTO GRADUATE NURSES' CLUB.

There are three hundred graduate nurses practising their profession in the city of Toronto, and probably one hundred more qualified, but not practising. It is only natural that graduates of each school should sometimes become clannish and prejudiced, and with this, as a prominent factor in the social atmosphere, it can readily be seen that there are many reasons why the nurses living together in Toronto, should be organized, and made better acquainted with each other, so that by personal contact they should have an opportunity of broadening one another professionally, as well as becoming better acquainted personally.

At the present time there are in existence Alumnæ Associations of the various hospitals in the city, and the graduates from these institutions are enabled to continue their friendships made in the training school, as well as to meet the growing numbers, who from time to time are graduated from each school. There is in addition the Ontario Graduate Nurses' Association, which keeps as well as possible a guarding eye over the profession generally. It meets once a year, and owing to the widely separated membership, finds it impossible to have the close touch with its members that the situation demands. The true merits of a nurse are not always known until she has had the experience of private nursing, and there are many things about the profession, which are not taught in schools.

A strong effort was made about a year ago, to have the nurses of Ontario registered by means of an Act of Parliament, giving over to the body of nurses in active practice, some of the control over new members, and allowing the nurses themselves to have something to say in regard to the efficiency and qualifying examinations required for future nurses. This honor was not intended to be held by one or two, but was to be in the hands of all by a system of voting for examiners, who should act in conjunction with the medical profession to secure to the public and the nurses themselves, the hall mark of efficiency for all nurses graduating from recognized hospitals, and to assure the public that in engaging a trained nurse the services of a highly educated and practically taught person would be obtained. This was a long step forward from the conservative ideas of the past,

and although every person who dealt with the question, felt there was much truth in the statements and claims of the nurses, still like most pioneer movements, it was frowned upon, and the bill was withdrawn though not refused in its entirety, because those who were behind it felt the suggestion was inopportune.

Though many explanations were given why the bill failed, the real reason was, that the rank and file of the nursing profession were not organized, and instead of a careful campaign under the direction of the whole body of nurses, which if steadily adhered to would undoubtedly have produced good results, the attempt was made by a forlorn hope expedition; the House not being educated on the question, the attempt failed. The failure was an honorable one, and it was authoritatively stated that our respected Premier expressed his regret at the withdrawal of the bill, as he hoped to be able to meet the wishes of the nurses in some satisfactory way.

It was with all these matters in view that the idea was evolved of forming an organized club of the graduate nurses in the city, with headquarters where the social as well as the material welfare of all nurses would be looked after by nurses themselves. In addition, provision will be made for the registry (which under Miss Barwick's care is doing such good work), reading rooms and club rooms where nurses can meet and have luncheon if need be. It is felt that many of the differences that at present exist would soon be broken down, and a much broader feeling among the members would be established.

It was with this intention that the Toronto Graduate Nurses' Club was first proposed, and the enthusiasm of the leading nurses in the city, and active response of those not actually engaged in nursing, conclusively proved that the idea was a good one, and the rapid progress made towards organization was a surprise to every person who had any connection with the matter. A charter, costing almost nothing, was taken out, giving the club fullest powers necessary for the purpose intended, and the internal organization was quickly entered upon, so that at the present time a complete set of by-laws has been drafted, dealing not only with the general purposes of the club, but going into careful and elaborate details of self-government.

The undertaking to be carried out as desired by its founders will require money, a large portion of which will be realized by sale of stock in the club at a comparatively small price per share. These shares will give to the holder certain privileges in regard to the club house, which will be well worth the cost per share. With proper business management there is every reason to expect a fair return on money invested. After a few years of organization dividends will be paid to every shareholder. A club house, holding forty or fifty nurses, will be part of the

scheme, and these nurses will be in close touch with the Registrar, it is easily seen that the organization of the nurses will be for the benefit of the public.

The larger questions must be for the present laid aside until the nurses are organized among themselves; but after the large number of nurses becomes an organized body, recognized by the public and medical profession, concessions will be made to such a thoroughly capable and harmonious unit, as it will undoubtedly become. But soon the question of legal recognition can be seriously and systematically taken up, and protected by such statutory enactments as now allow those practising other professions to maintain their position before the public.

ANNA M. GREER.

Clinical Department.

THE CARE OF THE PREMATURE BABY.

When the premature baby arrives in zero weather, the problem of the nurse is no easy one. In fact, it is no easy one at any time, but the results of good care are sufficient to stimulate the nurse to leave no stone unturned to give such infants the best chance for life. There is a popular error that babies born at the eighth month are less likely to live than those born at seven months. It is conceded by the best authorities, that the longer the infant remains in the uterus, the better chance it has of attaining sufficient vigor for independent life—that is, up to the normal limit of pregnancy.

When a premature birth is expected, special arrangements should be made to secure the necessary warmth. Mother's milk is also a necessity, and, last of all, a high degree of nursing skill. Such infants should be handled as little as possible. A bath, such as an ordinary baby usually gets soon after birth, may be fatal. Vaseline or olive oil are not considered as good for use in such cases as good benzoinated lard, which furnishes a certain amount of nourishment.

Before the child arrives, the receiving blanket well warmed, warm water bags, warm diapers and coverings, should be in readiness. The hot water resuscitation bath should also be in readiness. The eyes require careful treatment, for it has been found that premature babies are more liable to infection than others. The cord is given an antiseptic dressing, and the binder applied, all as quickly and gently as possible, keeping the child between hot towels. It may be necessary to keep a warm water bottle covered on the nurse's knee underneath the blanket to provide the needed heat. The custom of wrapping the child in cotton batting

should be avoided as having a tendency to clog the pores. For clothing use a loose woollen shirt and a flannel binder. A very loose flannel slip may be made without sleeves, and a little wool cap provided to protect the head. Great care should be taken to avoid abrasion of the buttocks or genital organs. The meatus should be inspected often lest it become clogged and cause retention of urine.

An ordinary small clothes basket, well lined, is preferable to any crib or bed. No pillow for the head is needed. Pockets on each side of the basket and at the foot should be arranged for hot water bottles. A thermometer, also, should be in the basket. Inasmuch as the temperature is so highly important, the nurse should not depend on any guess work regarding it. It is needless to say that the baby's basket should be kept near a stove or steam radiator. When in bed with its mother, no extra heat will be needed.

It is well to bear in mind that pure air is as important for such babies as warmth. The lungs of the premature infant are slower to expand than those of other babies. Moisture in the air is desirable. Powders which contain boracic acid should never be used for dusting. The stearate of zinc powder is about the best to use to avoid chafing.

After the daily anointing with benzoïnated lard, a very light general massage is recommended by some of the best physicians. This is needed to help stimulate the general functions and relieve the torpid condition which usually exists. The joints should be gently exercised. The circulation is apt to be very sluggish. The child should be turned from side to side to avoid stagnation of the blood in the lungs.

When the child is stronger, it may be given a very light bath, or rather a dip, for not over a minute, in water about 103F., and very carefully dried. The face and buttocks may be occasionally washed with warm water. To prevent heat loss is one of the nurse's most important duties. The room should be kept at an even temperature, and every article carefully watched that might detract from the body heat of the tiny patient. There is, as a rule, more loss of weight for the first week with such babies than with the full term child. Mother's milk for the baby is one of the essentials, and feeding should begin within a few hours after birth, because of the exhaustion, and to prevent, by every means possible, the loss of weight. With the very tiny babies the feeding is a great problem. It will, as a rule, be necessary to feed at first with a medicine dropper. A half teaspoonful every half hour may be given for the first day. After the first day, feeding may be given every hour, and, as it grows stronger, the intervals may be lengthened to every two hours during the day, and every three at night. The milk should be pumped from the breast and kept warm by placing the graduate glass in warm water. The baby should be frequently placed at the breast to teach him to nurse as quickly as possible after he seems to have strength enough to nurse.

The fact that the premature baby sleeps most of the time is no reason why he may not be fed regularly. As his very life depends, to a great extent, on the amount of nourishment he can take and assimilate, the nurse will readily see the need of extra patience and perseverance with the difficult matter of feeding. The medicine dropper, breast pump, glass used, etc., must be sterilized, and every precaution taken to avoid infection of the alimentary tract. Very great care needs also to be used to avoid causing an abrasion when washing the mouth. A weak boric acid solution may be used for this purpose, but if the child is very frail it may be best to omit it.

CHARLOTTE A. AIKENS.

PRACTICAL POINTS.

In preparing hot stupes use a steamer instead of a boiler, thus avoiding the necessity of wringing the cloths.

Cracked ice held in the mouth before taking castor-oil chills the tongue and prevents any disagreeable after-taste.

Poultice boards, wooden spatulas, or any wooden utensil may be kept exquisitely clean and white by rubbing with a cut lemon and rinsing in cold water.

Splitting and breaking of one's finger-nails which have become brittle from a long spell of fever may be prevented by applying the finger-tips in warm olive oil for a few minutes each night.

Pieces of pasteboard, cut the required size, and held in place by means of a piece of adhesive plaster (which connects glass and pasteboard), make excellent covers for medicine and water glasses.

To remove stains caused by perspiration: Lay the garment over clean white blotting-paper and sponge with a mixture of equal parts alcohol and ether (taking care to rub dry), and touch lightly with dilute ammonia.

A flannel cloth wrung out of alcohol and covered with a hot-water bag will often relieve pain in different parts of the body when ordinary compresses and mustard-leaves have failed. The odor from the alcohol causes a sense of drowsiness.

Thirst and dryness of the mouth in sickness is often relieved by a teaspoonful of powdered gum arabic, beaten thoroughly with two teaspoonfuls of glycerine, and to which have been added a glass of water and enough lemon juice to make the mixture palatable.—*By Florence Baugh Downing, in the "Nurses' Journal of the Pacific Coast."*



At a recent meeting of the local board of the Victorian Order of Nurses at Ottawa, Mrs. T. Ahearn presided. As Mrs. Dougherty, the secretary, was absent, Mrs. Bell acted as secretary pro tem.

The report of the treasurer, Mrs. Whitley, stated that \$207 had been received from the dramatic entertainment and \$100 from Mr. Thomas Keefer. A letter was read from Mr. James Manuel containing \$5.

During the month there were 71 cases; total number of visits, 707. There are six nurses on duty. Eleven collectors have sent in their books. Three have to be heard from.

The relief committee assisted two people who were in very reduced circumstances.

A resolution of sympathy for Mrs. Robertson on the death of her father, Mr. John Mather, who was an extremely kind and generous friend of the order, was passed. For many years Mrs. Robertson was the capable treasurer of the society.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset Street, Ottawa.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m.
Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild,
Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H.
6.15 p.m.
District Chaplain—Rev. Arthur French, 1773, Ontario Street.
District Superior—Miss Stikeman, 216, Drummond Street.

THE SECRETARY'S JOURNEY.

Montreal was now awaiting us; and thither we went on Friday, Miss Green, my hostess, Miss Sewell, our Secretary, and other members coming to speed us on our way. It is increasingly evident that if the Guild is to be of lasting benefit to the Canadian nurses, its methods must be made as elastic as possible consistent with the principles of its constitution; and that being brought into close touch with those of other denominations, it is necessary for it on the one hand to affirm the great principle of church membership, whilst with the other hand it offers good fellowship to those who, through an honorary membership, keeping as far as they can its Rule of Life, can thus share in its religious and social life. Then there is the question of great distances, bringing in its train separation and isolation: and to meet that need, it was suggested to enlist the good offices of Priests-Associate, who might serve to stretch a chain across Canada, preparing the way for Branches in the great centres of population.

It is a little difficult, with the American Guild of St. Barnabas over the border, to explain the attitude of the English Guild in making Communion with the Church of England the condition of full membership; not in a spirit of exclusiveness, but as contending for the truth, that the Rule of Life has its foundation on the means of grace which the Master has left in His Church. One of the great missions before our Guild in these far-distant climes, is to be a missionary of our Church; and to fulfil her great work, she must seek for quality before quantity. May those who guide her path be filled with the spirit of wisdom and love.—*Misericordia.*

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage;
 And thus I'll take my pilgrimage.

Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul like quiet palmer
 Travelleth toward the land of Heaven;
 My soul will be a-dry before,
 But, after, it will thirst no more.

—Sir Walter Raleigh.

Joy.

“Take joy home
 And make a place in thy great heart for her,
 And give her time to grow and cherish her.
 Then will she come and oft will sing to thee
 When thou art working on the furrows,
 Or weeding in the sacred hour of dawn.
 It is a comely fashion to be glad,
 Joy is the grace we say to God.”

—Jean Ingelow.

HONEY FROM EVERYTHING.—You say that “this world to you seems drain'd of all its sweets!” At first I had hoped you only meant to intimate the high price of sugar! but I am afraid you meant more. O, Robert, I don't know what you call sweet. Honey and the honeycomb, roses and violets, are yet in the earth. The sun and moon yet reign in Heaven, and the lesser lights keep up their pretty twinklings. Meats and drinks, sweet sights and sweet smells, a country walk, spring and autumn, follies and repentance, quarrels and reconcilements, have all a sweetness by turns. Good humour and good nature, friends at home that love you, and friends abroad that miss you—you possess all these things, and more innumerable, and these are all sweet things. You may extract honey from everything.—*Charles Lamb to Robert Lloyd.*

“HE SENT FORTH HIS WORD AND HEALED THEM.”—You yourselves . . . under God, are the saviours of many lives. The sick and the dying cried to the Lord in their distress, and God inspires you with gifts of self-devotion, of skill, of patience, of loving, watchful care, and the sufferer is relieved; and the sick man, who, but for you would have died, lives. You are special representatives of God's mercy and love. By you God answers the sick man's prayer. It is for this high reason, over and above mere reasons of philanthropy, that we thank God for the Guild of St. Barnabas, because in the midst of a world of suffering and sorrow you witness, by your devoted lives, for the presence of the God of Love.—*Edward, Bishop of Lincoln.*

The Canadian Nurse

VOL. III.

TORONTO, NOVEMBER, 1907.

No. 11.

Editorial.

THE CANADIAN ARMY NURSING SERVICE RESERVE.

Great interest is being taken in volunteering for this service, and the response so far is satisfactory. Much satisfaction is expressed at the fact (see October number) that the nurses in this Service will have, when on duty, the same pay, allowances and regulations as members of Queen Alexandra's Imperial Military Nursing Service—a Service unrivalled in the position and opportunities it affords to a nurse.

A POST CARD—PLEASE.

The attention of our subscribers is called to a series of papers on private nursing, which the Editorial Board has been arranging for during the past six months. It is hoped that they will appear early in 1908. The members of the Board are also earnestly desirous of ascertaining the opinion of the subscribers as to the departments of the magazine. Have we too many departments? Is there too much space given to any one of them? Should any one of them be discontinued? Do you think of any new department we should establish? *Please take a post card to-day, address it to THE CANADIAN NURSE, Toronto, and give us the benefit of your advice.*

BLESSED ARE THE MERCIFUL.

Among the gifts brought home by the Canadian doctors who were fortunate enough to visit the Old Land this year, there were three of great interest to nurses. A Toronto surgeon, well-known not only for his skill and kindness, but also as one of the best friends of the nursing profession, purchased in London two beautiful portraits of Florence Nightingale and presented one to the Training School of Toronto General Hospital and the other to the Training School of the Hospital for Sick Children, Toronto. The third gift brought home by the doctor has a unique and almost romantic value. Few places in London are more in-

teresting than the shops where old books and old prints may be found, and it was in one of these that the doctor found these valuable portraits. Seeing that he was interested, the proprietor showed him a still rarer relic of the Mother and Founder of the Nursing Profession. It was a sheet of old note-paper, yellow with age. On holding it up to the light a curious water-mark was discerned—a portrait of Florence Nightingale! Beside it was another water-mark, which on close inspection proved to be a fac-simile of the medal presented by the great Queen Victoria to the great nurse, with the inscription, "Blessed are the merciful."

Editorial Notes.

New Subscribers.—This is the best time. Send us the name of a new subscriber. We will send *THE CANADIAN NURSE* from November, 1907, to December, 1908 (14 numbers), for \$1.00, post free to Canada, postage 25 cents extra to the United States.

CANADA

The Death of Miss Lawley.—Miss Jane Lawley, an English nurse who resided at Victoria, B.C., met her death in a very sad manner recently. At the inquest a verdict of "Found drowned, with evidence of suicide," was brought in by the jury. There was no evidence whatever that there had been foul play, as was erroneously stated in one of our English contemporaries.

INDIA

The Royal Red Cross.—"For special devotion and competence in connection with her duties," by command of His Majesty, the Royal Red Cross was presented to Miss James, Lady Superintendent of the Punjab Command, Q.A.I.M.N.S. The presentation was made at Maidan Park, Bangalore, by Major-General Scallan, C.B., C.I.E., amid circumstances of great military pomp, concluding with a march past at which all the officers saluted the wearer of the medal. Miss James has been in charge of the Punjab Command since 1900, and intends to retire this month, after a distinguished service of fifteen years.

DENMARK.

The Society of Danish Nurses.—This Society received last year from the State a grant of £300, and this year a proposal was brought before the Danish Riksdag to grant £16,200 for a new State Hospital and Training School for Nurses, to be erected in Copenhagen. One of the leaders in nursing reform in Denmark is Fru M. Koch, a graduate of the Presbyterian Hospital, New York.

ENGLAND.

The Leicester Infirmary—H.R.H. the Princess Louise, Duchess of Argyle, is to open the new South-East Block on Oct 8th, and on Nov. 5th, 6th and 7th a bazaar will be held, under the auspices of the Nurses' League, the proceeds of which will be devoted to the building of a new Nurses' Home.

UNITED STATES.

Pennsylvania Hospital.—Miss Emily Ada Payne, a graduate of the Royal Infirmary, Edinburgh, has been appointed Matron and Superintendent of Nurses in the Pennsylvania Hospital. Miss Payne has practiced her profession in Paris, Missouri and California.

NEW ZEALAND

A Trained Nurses' Club.—A Nurses' Club, formed of registered nurses and those who hold the government medal, has been organized in Otago. The objects of the club are to promote the interests, professionally and socially, of all trained nurses, to encourage a post-graduate course of study, and to favor the discussion of subjects of general interest.

SCOTLAND.

Glasgow Royal Infirmary.—Miss Melrose, formerly the Superintendent of Nurses, has been promoted to the post of Matron, on the resignation of Mrs. Strong.

The Royal Infirmary, Edinburgh.—The Nurses in this beautiful hospital, which contains 900 beds, are encouraged to remain a fourth year after finishing their three years of training. The Hospital Board has recently made a new tennis court for the nurses. Miss Gill, the new matron, is already winning golden opinions.

AUSTRALIA.

Australian Women's Work Exhibition.—This Exhibition, it is thought, will be a great event in the history of the State. The medical, nursing, and children's sections are under the direction of the R.V.T.N.A. The Exhibition opens this month, and we hope to see interesting accounts of it shortly.

ITALY.

The Calvary Hospital.—This new Hospital in Rome is approaching completion. It will be in the form of a great Celtic cross, and in the centre, where the cross-beams diverge, is the chapel, in the form of a heart. The length is 349 feet and the height 106 feet. The builders of this hospital are the 500 nursing sisters of the "Little Company of Mary," scattered over Britain, Italy, the United States and Australia.

GREAT BRITAIN.

The Lusitania.—At least one trained Nurse is attached to this wonderful vessel, the largest and probably the fastest passenger steamer afloat. The Cunard Company announce that each of their steamers now has a trained nurse on board.

IRELAND.

Lady Dudley's Fund for Nurses.—Lady Aberdeen and Lady Mayo are making an appeal for funds to supply these trained nurses for the sick poor in the west of Ireland. The cost of the equipment of a Lady Dudley's nurse is £55, and her up-keep about £100 per annum.

FRANCE

The New Nursing School of the Salpêtrière.—The plan of organization of the new Nursing School has now been announced, and reflects great credit on M. Mesureur, the Director of the Assistance Publique. At the head is the *Surveillante Générale*, and the best principles of organization have prevailed throughout. Pupil nurses must be from 18 to 25 years of age on admission, and receive board, lodging, washing, and uniform.

Correspondence

To the Editor of THE CANADIAN NURSE.

DEAR MADAM.—I want to tell you about the annual meeting of the League of St. Bartholomew's Hospital, which, by the kindness of Miss Stewart, I had the privilege of attending.

The business meeting was held in the large theatre of the hospital, and as I entered they were discussing the giving of a prize of £5 to the pupil nurses, subject for competition to be decided by a sub-committee. This was just what our own Alumnæ had done, so I was particularly interested.

Then Miss Pearse, delegate to the Paris Conference, gave her report, which was listened to with much interest. Mrs. Bedford Fenwick spoke briefly on the conference, emphasizing the honor done our profession by the Mayor and Council of Paris.

This closed a very interesting meeting and all—there must have been three hundred present—repaired to the great hall, where a most delightful hour of social intercourse was spent in this fine majestic hall from whose lofty walls looked down upon us great men, doctors and others distinguished in the history of the hospital—among them the worthy founder, Rahere, whose memory is still blessed, King Edward VI. at one end, and King Edward VII. at the other. It was a most delightful reunion for the members of the League, and was none the less enjoyed by those who had the privilege of being guests. I thought you would be glad to hear about this meeting.

Yours, very sincerely,

London, England, July 4, 1907.

B. CROSBY.

To the Editor of THE CANADIAN NURSE.

DEAR MADAM.—Canada has already placed the Episcopal Church in the United States under many obligations. One of the greatest of these was the gift some years ago of a young clergyman, who, after a period of service in charge of one of our Michigan parishes, became in 1895 the first Bishop of Alaska, the Right Reverend Peter Trimble Rowe, D.D.

In his work as leader of the Episcopal Church in Alaska, Bishop Rowe has sought in every possible way to minister to all the needs of all the people. In doing this he has naturally been led to establish small hospitals. For the most part they are very simple affairs, but they have been the means of accomplishing much good.

It is hardly necessary to say that the good record of the hospitals would have been entirely impossible if it had not been for the heroic service of some of our missionary nurses. They have done work in mining camps and Indian villages which is beyond all praise.

At present we have two or three vacancies in our hospital work; two of them are at the big mining camp of Fairbanks in Central Alaska, where for the past three years St. Matthew's Hospital has been doing excellent work in a very needy field.

It has been suggested that readers of THE CANADIAN NURSE might be willing to volunteer for these vacant posts. Some of the most devoted nurses on our staff are Canadians.

I will give particulars to any who may be willing to consider this service. It is only necessary to preface that volunteers should be members of the Episcopal Church in the United States or of the Church of England in Canada, in sound health, able to live satisfactorily in a rigorous climate, and of good professional qualifications. The salary is small, the work is hard, but that it is work worth doing would be I am sure the emphatic verdict of every one of the nurses at present on our staff.

If any of your readers cannot think of offering for this service, but would like to know something about hospital work in Alaska, I will take pleasure in sending leaflets 804 and 805 on request.

JOHN W. WOOD.

Corresponding Secretary of the Domestic and Foreign Missionary Society of the Protestant Episcopal Church in the United States of America: 281 Fourth Avenue, New York, N.Y.

The Contributors' Club.

Catalogue of the Medical Library, Maria Louisa Robertson
Nurses' Residence, Hospital for Sick Children, Toronto.—
(Continued.)

- 251—Bacteriology and Surgical Technic for Nurses.....Stoney
- 252—Fevers, Nursing in Acute and Infectious.....Paul
- 253—Obstetrics for Nurses.....DeLee
- 254—Disinfection and Disinfectants.....Rosenau
- 255—BandagingDavis
- 256—Food AnalysisLeffman
- 257—Obstetrics, A Nurse's Handbook of.....Cooke
- 258—BacteriaNewman
- 259—Bacteriology, Manual of.....Williams
- 260—Anatomy, Handbook of.....Young
- 271—Throat, Nose and Ear, Nursing in.....Yearsley
- 272—Human BodyMartin
- 273—Chemical Physiology, Essentials of.....Halliburton
- 274—Infants, Physiological Feeding of.....Pritchard
- 275—Anatomy and Physiology for Nurses.....Kimber
- 276—Infant, The Nutrition of the.....Vincent
- 277—Operations, Modern Surgical Technique in.....Pearson
- 278—Nervous System, Diseases of.....Pearce
- 279—Infant Feeding in Health and Disease.....Fischer
- 280—Sanitary Science and Public Health, Principles of.Sedgwick
- 291—Vertebrate EmbryologyMarshall
- 292—Dictionary, The American Illustrated.....Dorland
- 293—Operating Room and Patient.....Fowler
- 294—Infant Feeding, The Theory and Practice of.....Chapin
- 295—Hygiene, The Principles of.....Bergey
- 296—Food and DieteticsHutchison
- 297—Diet in Health and Disease.....Ruhrah
- 298—Materia Medica, Therapeutics and Pharm. Text-book.Butler
- 299—Nursing, A Guide.....Senn
- 300—Ambulance Work and Nursing.....—
- 311—Nervous Diseases, Familiar Forms of.....Starr
- 312—Infancy and Childhood, Diseases of.....Cotton
- 313—Ventilation and Heating.....Billings
- 314—Hygiene, PracticalHarrington
- 315—Infancy and Childhood, Diseases of.....Holt
- 316—Medicine, Practice of.....Osler
- 317—Materia Medica, Therapeutics and Pharmacy.....Potter
- 318—Dietetics, PracticalThompson
- 319—Gynæcology, Principles and Practice of.....Dudley
- 320—Gynæcology, Practice of.....Ashton
- 331—Medicine, Practice of.....Hare
- 332—AnatomyGray

Question Department.

Q.—Is there in Canada an agency or bureau, where a graduate nurse, wishing a hospital position could apply? A graduate nurse with hospital experience, preferring hospital to private work and wishing to remain in Canada, asks the question.

A.—Yes. In all Canadian cities there are Registries for Nurses, such as the Canadian Nurses' Association in Montreal, the Nurses' Central Registry, in Toronto, and the Graduate Nurses' Registry, of Winnipeg. Reference to our advertising pages, and to the names of our Editorial Board will give you further information in regard to each of these Nurses' Registries. Hospital positions are frequently obtained, by applicants at these registries, and many new Hospitals are built every year in Canada. We are glad that you wish to remain in our own country.

Q. How do you remove glass stoppers in cases of difficulty?

A. Sometimes there is difficulty in removing glass stoppers from bottles, especially from chloroform bottles. This difficulty may be easily overcome by applying a lighted match to the neck of the bottle, thus expanding the outer glass. Another means is to take a piece of strong cord and run it around the neck of the bottle until heat by friction is produced and stopper is readily removed. A third method is to place the stopper in the "crack of the door," a few inches above a hinge. Then close the door till the stopper is held firmly between the door and the frame. It is then usually possible to loosen the stopper by turning the bottle.

Q. How can an Alumnae Association raise money for its Sick Benefit Fund?

Answers to the above question are requested from our subscribers.

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from:

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

- The Graduate Nurses' Association of Ontario.
- The Victorian Order of Nurses.
- The Guild of St. Barnabas for Nurses.
- The Collingwood G. and M. Hospital Alumnæ Association.
- The Calgary Graduate Nurses' Association.
- The Edmonton Graduate Nurses' Association.
- The Fergus Royal Alexandra Hospital Alumnæ Association.
- The Galt General Hospital Alumnæ Association.
- The Guelph General Hospital Alumnæ Association.
- The London Victoria Hospital Alumnæ Association.
- The Kingston General Hospital Alumnæ Association.
- The Montreal General Hospital Alumnæ Association.
- The Montreal Royal Victoria Hospital Alumnæ Association.
- The Ottawa Lady Stanley Institute Alumnæ Association.
- The St. Catharines General and Marine Hospital Alumnæ Association.
- The Toronto Central Registry of Nurses.
- The Toronto General Hospital Alumnæ Association.
- The Toronto Grace Hospital Alumnæ Association.
- The Toronto Graduate Nurses' Club.
- The Toronto Hospital for Sick Children Alumnæ Association.
- The Toronto Riverdale Isolation Hospital Alumnæ Association.
- The Toronto St. Michael's Hospital Alumnæ Association.
- The Toronto Western Hospital Alumnæ Association.
- The Winnipeg General Hospital Alumnæ Association.
- The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent: President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

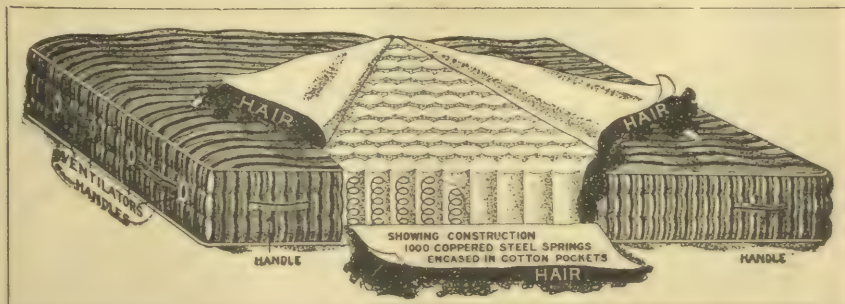
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The only Sanitary Mattress The only Comfortable Mattress
The only Ventilated Mattress



NURSES—IT IS THE BEST

This is the only Mattress on which a patient can be turned without lifting, recommended by all Physicians. Sold subject to trial and money refunded if not satisfactory.

Marshall Sanitary Mattresses never sag or get hard, always soft and beautiful and will last a life time. Never need renovating. Send for Catalogue and prices.

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TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

POSTINGS AND TRANSFERS.

Matrons.—Miss M. Thomas, R.R.C., to M. Hp., Portsmouth, from M. Hp., Dover; Miss G. M. Richards, to Gibraltar, from M. Hp., Portsmouth.

Sisters.—Miss A. Nixon, to M. Hp., Chatham, from M. Hp., Hounslow; Miss S. K. Bills, to Gibraltar, from M. Hp., Curragh; Miss M. Wright, to M. Hp., Harrismith, from M. Hp., Potchefstroom; Miss M. E. Harper, R.R.C., to M. Hp., Wynberg, from M. Hp., Middleburg.

Staff Nurses.—Miss M. L. Kaberry, to Egypt, from Cambridge Hp., Aldershot; Miss E. K. Kaberry, to Egypt, from R. H. Hp., Woolwich; Miss A. Ayre, to Gibraltar, from M. Hp., Curragh; Miss A. C. Mowat, to Gibraltar, from the Q. A. M. Hp., Millbank, London; Miss E. B. Darnell, to Gibraltar, from the Q. A. M. Hp., Millbank, London; Miss M. C. E. Newman, to Gibraltar, from Royal Victoria Hp., Netley.

APPOINTMENTS CONFIRMED.

Staff Nurses.—Miss H. M. Barnett, Miss F. E. Morton, Miss L. A. Burgess, Miss A. B. Nunn, Miss C. C. M. Gibb, Miss M. E. Smith, Miss M. Ironside, Miss N. Stewart, Miss E. M. M. Malim, Miss A. Weir, Miss S. W. Wooler.

PROMOTIONS.

The Undermentioned Staff Nurses to be Sisters.—Miss K. Coxon, Miss E. St. Quintin.

E. W. DECKER,

For Matron-in-Chief, Q.A.I.M.N.S.



We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

When ordering, please state waist measure and length of apron required.

THE CAP is made of muslin, with two frills and double border, edged with lace, each 12½c. Other styles and prices in stock.

COMFORT HOT WATER BOTTLE, finest red rubber, \$1.35, \$1.60, \$1.85, \$2.15 according to size.

HICKS' CLINICAL THERMOMETER, from 65c to \$2.00.

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LIMITED

TORONTO.
CANADA

Hospital and Training School Department

MISS M. DARRAGH has been visiting in Kingston.

MISS ANNIE MACDONALD is visiting her home in Los Angeles.

MISS E. M. E. WALL, of Brooklyn, has been spending her vacation in Montreal.

MISS JULIA MANN, of Brooklyn, spent the summer with her family in Ottawa.

MISS JESSIE CARDIFF has been abroad all summer and is still on the Continent.

MISS ROSE HEALY, of New York City, spent July and August at her home in Kingston.

MISS JULIA HUGHES, of New York City, spent her vacation at her home at Balmy Beach.

MRS. E. BURNS, graduate of the Royal Victoria, Montreal, has taken up her residence in Toronto.

MISS ETHEL GAMBLE, graduate of V.P.H., Fredericton, N.B., is visiting at her home in Marysville. Miss Gamble has been engaged in private nursing in Duluth, Minn.

AMONG recent visitors to the Yorkton Hospital, Sask., were Mrs. Fitzgibbon (Lally Bernard) and the hospital inspector, who was greatly pleased with the plans for the new building.

MISS HOWE, Matron of the Phoenix General Hospital for the last four years, has resigned her position and is settling in Vancouver. Her position in the hospital has been filled by Miss Annie Markley, a graduate of the Winnipeg General.

MISS FLORENCE DARLING, graduate of St. Joseph's Hospital, Chatham, and operating room nurse at Hotel Dieu Hospital, Windsor, Ont., underwent an operation for appendicitis in July. She has fully recovered, and resumed her duties in the latter part of August.

ST. MICHAEL'S HOSPITAL has made a great addition by purchasing three houses to the south of the hospital and establishing therein a large maternity department. It will be remembered that the old maternity department was to the north of the main building. There are fifty-three beds available, private, semi-private and public, and the furnishings and all the arrangements are tasteful and homelike, as well as excellently adapted to the purpose for which they are intended. Dr. M. M. Crawford is the obstetrician in charge.

Vapor Therapy

The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo-Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

Measles and Scarlet Fever

Alleviates inflammation of the bronchi and prevents bronchial complications.

Diphtheria

Authoritative tests show the vapor to be destructive to diphtheria bacilli. Vaporized Cresolene is prophylactic and adds to the probability of successful treatment.

Pneumonia and Bronchitis

Used where it is desired to reduce dyspnea and irritating cough, adding greatly to the comfort of the patient.

Asthma

Cuts short the attack and insures comfortable repose. Your druggist stocks it.

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Canadian Agents: THE LEEMING MILES CO., Limited, MONTREAL



We desire to again call your attention to the formula for

SCOTT'S EMULSION

Pure Norwegian Non-Freezing Cod Liver Oil -	44½ per cent.
Chemically Pure Glycerine -	13 "
Emulsifying Agent and Flavoring Extract -	2½ "
Solution of Hypophosphites of Lime and Soda (being 6 grains of Hypos. of Lime and 3 grains of Hypos. of Soda to the fluid ounce)	40 "
TOTAL	100 per cent.

In view of the numerous cheap substitutes for cod liver oil and the prevailing tendency to adulterate the ingredients used in them, it is gratifying to know that Scott's Emulsion continues to maintain its high standard of excellence and that it contains such a large percentage of the pure Norwegian Oil—a higher percentage than is contained in any other emulsion. In recommending cod liver oil, we trust that you will not overlook the fact that Scott's Emulsion has been the Standard for thirty years.

ALL DRUGGISTS

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MISS MAGGIE GRAHAM is taking a holiday with her family in Toronto.

MISS ALICE M. MANSELL has been appointed Superintendent of the City Hospital at Saskatoon.

MRS. G. S. MCPHERSON'S private hospital, "Rest Holm," is removed to 15 Selby Street, Toronto.

MISS E. A. DRAPER has returned to her home in Clarksons, Ont., after spending the summer in Brandon.

MISS BESSIE MURRAY, V.P.H., Fredericton, has returned from a very pleasant trip to the Old Country.

MISS C. A. MCCALLUM, Matron of V.P.H., Fredericton, has returned from a visit to her home in Charlotte Co.

MISS JEAN BALLOCH, V.P.H., Fredericton, left on Tuesday last for a six weeks' vacation, to be spent in Ottawa.

MISS ISABEL LIKELY, V.P.H., Fredericton, will return with Miss Gamble to Duluth, Minn., some time during September.

THE heating and plumbing of the V.P.H., Fredericton, has been thoroughly renovated during the past summer months.

MISS ANNIE I. BROWN (T.G.H.) returned to New York Oct. 1st, after spending a pleasant summer at home and on Lake Simcoe.

MISS JAMIESON, graduate of the Sick Children's Hospital, has accepted the position of head nurse in the Children's Hospital, Pittsburg, Pa.

MISS EUGENIA P. PEPIN, supervising nurse of St. Luke's, Ottawa, greatly distinguished herself on a recent visit to New York by her prompt and skilful attention to the victim of a trolley accident.

THE Hon. W. J. Hanna, Provincial Secretary, opened the new Homewood Hospital at Guelph on October 3rd, in the presence of a distinguished company. Dr. Hobbs is greatly to be congratulated on this beautiful modern hospital for mental diseases.

THE death of Miss Minnie Bonnell, one of the most promising nurses in the General Hospital at St. John's, Newfoundland, is a great loss to the superintendent and to the hospital. She died of acute tuberculosis (contracted while nursing her sister) after a very brief illness. Her death was keenly felt by every member of the hospital staff. Capable, trustworthy, thoroughly conscientious and kind-hearted, she was liked and esteemed by all.



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THE MINISTERING ANGEL

THERE is talk of a new hospital to be built in Trail, B.C.

MISS LAIDLAW (W.G.H., '07) is now staff nurse at Fernie, B.C.

MRS. HONEYWELL, of Cuba, has been spending the summer in Toronto.

MISS DORA TRIGGE, B.A., of New York, paid a short visit to the Central Registry.

MISSSES MARTIN and Marriott are visiting Mrs. J. Hammill, of Strassburg, Sask., a former class-mate.

It is proposed to form a Nurses' Association in New Lis-keard at an early date.

MISS RUTLEDGE (W.G.H., '07) has been appointed night superintendent of the City and County Hospital at St. Paul, Minn.

THE many friends of the Misses MacInnes were delighted to welcome them back to Toronto, and join in hoping their stay will be a prolonged one.

WELLAND, Ont., is soon to have a hospital. The citizens have been very generous in their subscriptions, the plans are drawn, and it is expected that building will commence before long. A Made-in-Canada Fair will be held in October for the building fund.

THE Alumnae Association of the Guelph General Hospital held their quarterly meeting in reception room of the hospital on September 25th. There was a good attendance. A letter was read by Mrs. Anderson from Miss Mitchell, superintendent of the Isolation Hospital, Edmonton, Alta., which was opened recently. Dr. Lindsay gave a lecture on "Nurses' Duties in Emergency Cases," which was very much enjoyed, after which the superintendent, Miss O'Neill, entertained the Alumnae to refreshments.

THE superintendents from ten of the training schools for nurses in St. Paul and Minneapolis, including two members of the State Board of Examiners, met with Miss Erdmann, Superintendent of Nurses, Minneapolis City Hospital, Friday, September 13th. Affiliation of schools was considered, and it was decided to meet informally once a month at different institutions and talk over problems concerning the progress of the nursing profession. The next meeting will be at St. Luke's Hospital, St. Paul, with Miss Reyburn. All are to bring an outline of both lecture and class-work as given at each respective school, from which a uniform course may be adopted. This is the first step taken towards affiliation of training schools.

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Tallies, enough for six tables.



MISS MATHIESON (W.G.H., '07) has been appointed instructor of nurses at her Alma Mater.

MISS M. M. HUGH, class 1896, of Helena Montana, is spending her vacation at her home in Beamsville, Ont.

MISS STELLA M. DAY, graduate nurse of Washington, D.C., has taken charge of the hospital at Trail, B.C., a position lately vacated by Miss Jean Patterson.

MRS. STEWART, a graduate of the Prince Edward Island Hospital at Charlottetown, P.E.I., has been appointed Superintendent of the Battleford Hospital.

MISS PATON, Guelph General Hospital, Class 1907, left June 27th to take a position in Prince Albert Hospital, Saskatchewan. Her many friends wish her every success.

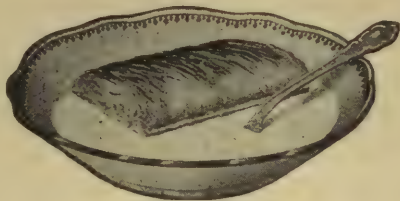
THE Calgary Graduate Nurses' Association held this year an entertainment for the Sick Benefit Fund, which was said by the local press to be the best entertainment of the season. Over \$100 was realized.


SPECIAL efforts are being made by the officers of the T. G. H. Alumnæ to prepare an attractive and profitable programme for next year. Every member is expected at the annual meeting, which will be held shortly after September 1st.

MISS EVA NIXON, graduate General and Marine Hospital, Owen Sound, left Owen Sound by SS. *Athabasca* to take a position on the staff of the Galt Hospital, Lethbridge, Alta. Miss Nixon's many friends wish her Godspeed and every success in her Western field of labor.

WE regret to hear that Miss Florence McBride has resigned as Superintendent of the Battleford Hospital on account of ill health. The directors of the hospital presented Miss McBride with an address and a beautiful gold locket, suitably inscribed. Miss McBride will reside for some time at her home in Winnipeg, and her many friends hope that she will soon recover her health.

AT Red Deer, Alberta, there is a fine Memorial Hospital, of which Miss Sarah Kingston is the capable superintendent. The hospital building is on the hill overlooking the town, a pretty situation. On the first floor there are two wards of six beds each, operating room, sitting room, kitchen, linen cupboard and bathroom. Then on the second floor are the private wards—large, bright and cheerful rooms. In all they can accommodate from twenty to twenty-four patients. The top flat of the building is fitted up into rooms for the nurses, all rooms being of good size. At present there is a staff of three nurses, orderly, cook, assistant cook and laundress.



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The Antiphlegistine Exhibit, Canadian Medical Association, Montreal, September 11-13, 1907.

MISS IDA GRAHAM leaves Toronto for Pennsylvania, where she will enter the Pittsburg Sanatorium.

MISS L. D. WALD, and Miss Y. G. Waters, of the Nurses' Settlement, N.Y., spent July and August at Cap-a-L'Aigle, Que.

MISS MARGARET ARMSTRONG, graduate of the Mack Training School, has gone to the Tubercular Hospital, Pittsburg, Pa.

MISS A. E. KNIGHT, one of the recent graduates of Victoria Hospital, Renfrew, is spending her vacation with her parents at Knightington.

MISS MACADAM, Superintendent of Victoria Hospital, Renfrew, spent part of her vacation with her parents in Ottawa and the remainder with friends in New York State.

DR. WESLEY EGERTON GEORGE has completed his year as house surgeon in the General and Marine Hospital, Owen Sound. He has the best wishes of all in the Hospital for his future success.

EIGHT pupil nurses in the Owen Sound General and Marine Hospital Training School for Nurses will soon write on their intermediate examinations. The examiners for 1907 are Drs. Cameron, Brown and Cowper.

MISS ROSE WHYTE (R. V. H., Montreal), of North Bay, only daughter of Capt. John Whyte, was married June 12th to Mr. William T. Traynor, of the Railway Mail Service, Ottawa. Mr. and Mrs. Traynor have taken up their residence at 112 McDonald Street, Ottawa.

THE following are the new members of the Canadian Society of Superintendents: Miss Jessie Scott, 2nd Asst. Toronto General Hospital; Miss Maxwell, Asst. Supt. St. Luke's Hospital, Ottawa; Miss Pickels, Asst. Supt. Grace Hospital, Toronto; Miss Uren, 1st Asst. Victoria Hospital, London; Miss Dulmage, 2nd Asst. Victoria Hospital, London; Miss Welsh, Operating Head Nurse, Victoria Hospital, London; Miss Pashley, Night Supervisor, Victoria Hospital, London; Miss L. E. Young, Asst. Supt. Montreal General Hospital; Miss Janette Duncan, Nurse in Charge Outdoor Work, Montreal General Hospital; Miss Jennie Webster, Night Supervisor, Montreal General Hospital; Miss F. G. Strumm, Charge Nurse Gynecological Operating Room, Montreal General Hospital; Miss Nora Tedford, Charge Nurse, Gynecological Theatre, Montreal General Hospital; Miss K. Gilmore, 1st Asst. Royal Victoria Hospital, Montreal; Miss Craig, Western Hospital; Miss Lewis, Royal Victoria Hospital, Montreal; Miss Shaw, 1st Asst. Jeffrey Hale Hospital, Quebec; Miss Hall, Royal Victoria Hospital, Montreal; Miss Cornell, Royal Victoria Hospital, Montreal.

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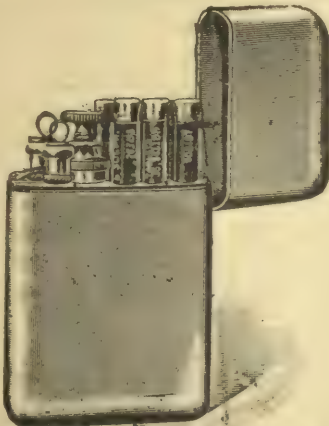
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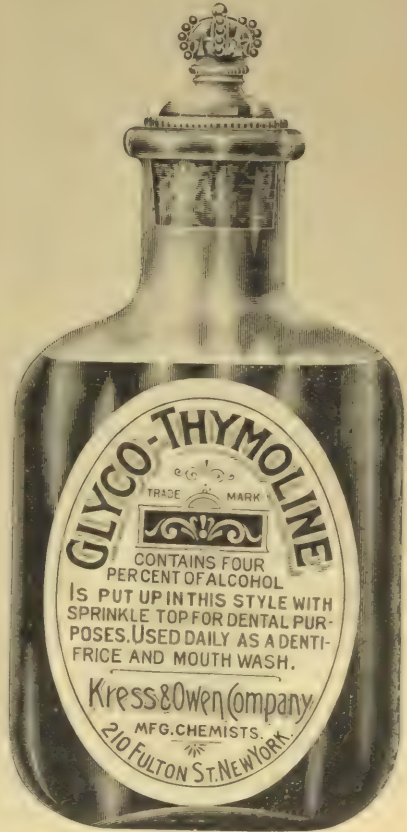
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MISS GEDDES, graduate of the Johns Hopkins Hospital, Baltimore, spent a few days in Toronto before returning to Maryland.

MISS KIRK, Superintendent Nurses, V.P.H., Fredericton, has resigned, having been appointed Superintendent of Sherbrooke Protestant Hospital. Miss Kirk took up her new duties on Sept. 17th.

MISS A. MAUD M. CRAWFORD was married to Mr. Basil G. Hamilton on Saturday, June 29th, 1907, at 233 Kennedy St., Winnipeg. Mr. and Mrs. Hamilton will be at home after September 1st at Calgary, Alberta.

A FIRE occurred in the Amasa Wood Hospital at St. Thomas on September 25th. The fire was discovered about 3.00 a.m. by one of the junior nurses, who at once called her companions to help her, and all used the pails ready for such an emergency with such promptitude and good effect that when the fire brigade came the danger was practically over and but little damage was done. The cause of the fire was ascertained to be as follows: A wire globe had been placed over the gas jet in the hall as a protection against its flame. This globe had tilted to one side, the flame of the jet had come in contact with the wire and had burned it so that it had fallen red hot to the floor and there had set fire to an apron and afterwards to a trunk. The greatest credit is due to the nurses for their courage and bravery.

THE graduating exercises at St. Michael's Hospital took place on September 30th and were very successful. The medals and diplomas were presented by Miss Graves, the head nurse, and Dr. Walter McKeown, after which addresses were made by Father Rohleder, Dr. Silverthorne, Dr. Mellwraith, Dr. Graham Chambers and Dr. McMahon. Refreshments were served at the close. The graduates were: Miss Annie B. Long, London; Miss Annie M. Gordon, Roscommon, Ireland; Miss Margaret Yeates, Orillia; Miss Annie Macdonald, Glengarry; Miss May Fitzpatrick, Peterboro'; Miss Mary Henegan, St. Catharines; Miss Maud Korman, Elora; Miss Elizabeth Waldron, Orillia; Miss Helen J. Foley, Palmerston, Mass., and Miss Laura Reilly, London. All were present except Miss Gordon.

THE Poster Show held in Orillia in August under the auspices of the Women's Hospital Auxiliary was a pronounced success, and reflected great credit upon the ladies whose enthusiastic labors made it such. All the booths, from the gorgeous Japanese tea room, with its tubs of big chrysanthemums and pretty Japanese girls in attendance, to the miniature forest with red camp-fires glowing through the shrubbery to proclaim the presence of a gipsy encampment, were greatly admired by the hundreds of delighted visitors. Among the attractions were a plaid-draped Scotch booth.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,
Pulmonary Phthisis, Asthma, Whooping Cough
and the various disorders of the breathing passages.**

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where bonnie Scotch lassies in tartans and tamis sold oat cakes and a variety of other things; a blue and white Dutch booth, where Dutch girls in quaint blue and white costumes, sold Dutch wares; a dairy booth, where rustic maids in dainty caps and aprons sold butter, eggs, etc.; a fish pond; a most attractive fancy work booth; a not less attractive candy booth; an art room; a post office; a well patronized general store; a cleverly arranged parody hall, and an Indian booth, where was to be found everything in the handiwork of the aboriginal race. The Red Cross Booth was in charge of Mrs. W. Fox (graduate R.V.H.) and nine others, five of whom were graduate nurses. This booth presented a beautiful appearance, being draped in pure white, and its only decoration being the distinguishing red crosses. A collection of dolls, each daintily dressed in the nurses' uniform of some hospital, was early bought at fancy prices, but remained "on duty" in the Red Cross booth until the close of the Poster Show. The Poster Show realized over \$2,000, clear of expenses, which, for the size of the town, is considered a remarkable showing.

THE twelfth annual meeting of the Canadian Nurses' Association was held on Tuesday, October 1st, at 3 p.m., in the Medico-Chirurgical Society's room, which was kindly loaned for that occasion. There was a large gathering of nurses, representing all the city hospitals, besides others from various parts of the world. Rev. Arthur French opened the meeting by the reading of an appropriate hymn, and delivered a helpful and inspiring address, which will no doubt be long remembered in many hours of watching and anxiety. The recording secretary's report showed that during the year six interesting lectures had been delivered by some of the leading doctors of the city, and which were much appreciated by all who had the good fortune to hear them. Also that it was a record year for the C.N.A., inasmuch as they were successful in getting a provincial charter (having previously only held a city charter), which was granted them in March by the Legislature of Quebec, and for which the Association have to thank Mr. C. M. Holt, advocate, for his gratuitous and untiring efforts in its behalf. The treasurer announced that there was a balance on hand of \$125, which was considered good, as it had been rather an expensive year. The registrar, Mrs. Burch, to whom a very large share of the success of the Association is due, read a very interesting report showing the steady growth of the C.N.A., the present membership being 227. She had received calls for 1,440 cases, but owing to the scarcity of nurses 285 calls had to be refused. Calls came from all parts of the province, and much out-of-town work has been attended to. It is with sorrow that we report the death of a recent member, Miss Toppin, graduate of the Notre Dame Hospital, who contracted typhoid while at her post of duty, and succumbed to its effects. After the hearing of reports, the board of directors were nominated for the

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ensuing year: Hon. President, Miss Henderson, lady superintendent Royal Victoria Hospital; president, Miss Baikie; first vice-president, Miss Dunlop; second vice-president, Miss Colquhoun; treasurer, Miss Cooper; recording secretary, Miss Phillips; corresponding secretary, Miss G. H. Colby. Directors: Miss Hill, Miss Des Brisay, Miss McBride, Miss E. Cooper, Miss Bullock, Miss Hardinge, Miss M. Mackay, Miss Saunders, Miss Ward, Miss Byers, and Mrs. Stanley.

MISS KEEN has been appointed Superintendent of the Victorian Public Hospital, Fredericton.

MISS ANNIE M. INSCH, of Greensboro, has accepted the position of Superintendent of the Presbyterian Hospital, Charlotte, N.C.

MISS EUGENIA BELLEPERCHE, graduate of St. Joseph's Hospital, Chatham, has accepted the position of Directress of Nurses in the Training School of Hotel Dieu Hospital, Windsor, Ont., which will be opened in the first week of November.

MISS KIRK, formerly of Fredericton, N.B., has accepted the position of Superintendent of Nurses at St. Barnabas Hospital, Minneapolis, and passed through Toronto recently on her way to that city, where her many friends in Toronto and elsewhere wish her all success.

On October 9th the Alumnae Association of Guelph General Hospital and a few friends met at the home of Mrs. A. A. Anderson and presented the Corresponding Secretary, Miss M. A. Cowin, with an appropriate address and a "kitchen shower." Miss Cowin graduated three years ago and has many friends in Guelph, who all join in wishing her great happiness.

THE Sick Children's Hospital Alumnae met on October 11th to elect their officers for the year, with the following results: Hon. President, Miss Brent; President, Miss Grace Gowans; Vice-Presidents, Miss M. L. Barnard and Miss Ellerington; Secretary, Miss Louise Cooper; Treasurer, Miss Mary Hill. Miss Mary Gray was appointed as manager of the invalid cookery book published by the Alumnae, and a change was made in the election of one large general committee to attend to all business, instead of a number of smaller ones. Miss Goodall is the convener of this. The Alumnae will continue to meet monthly on the second Thursday of each month throughout the winter.

ST. JOSEPH'S HOSPITAL, Chatham, Ont., was the scene of a very pleasing event on Monday evening, October 7th, when the sisters and nurses assembled in their hall to honor Dr. J. L. Bray, who recently was appointed to the position of Registrar of the Ontario Medical Council, necessitating his removal to Toronto. The hall was handsomely decorated in the University colors, red, blue and yellow, and a choice programme of vocal and instru-

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mental music contributed largely to the general pleasure. Dr. Bray, beside being the recipient of a handsomely illuminated address, was presented with a fine suit case for himself and a beautiful clock for Mrs. Bray. In replying to the address, the doctor feelingly expressed his thanks for the beautiful gifts, as well as his appreciation of the manner in which his efforts on behalf of the hospital had always been recognized. In conclusion he wished St. Joseph's Hospital every success.

At the meeting of the Central Registry Committee on October 7th the Registrar's report showed the membership to be 238, with fifteen new applicants, which were accepted. The Committee did not meet during the months of August and September. Calls for July 73, registry 46, personal 27; August 105, registry 81, personal 24; September 88, registry 61, personal 27; money in saving's bank, \$400.00; current account, \$77.65; due from unpaid fees, \$205.00. Five nurses resigned to take hospital positions: Miss Ella Jamieson, head nurse Children's Hospital, Pittsburg; Miss Margaret Armstrong, Tubercular Hospital, Pittsburg; Misses Moodie, Lawson and Burkholder have gone to Dawson City to take up hospital work. Miss Land, Miss Helen Ross, and Miss Edyth Green resigned to be married, and we understand there are several more who are going to do likewise in the near future. The members of the Registry may procure history forms from the Registrar at 644 Spadina Avenue, Toronto, at quite reasonable rates.

MISS DORA MARTIN, of Winnipeg, Manitoba, a graduate of the London Hospital and City of Dublin Hospital, and a member of the Australian Trained Nurses' Association, and Miss Maude H. Davis, of Ottawa, Ont., a graduate of Montreal General Hospital, and formerly in charge of the hospital at Red Deer, Alberta, are attending the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa. On account of the large attendance a second section of the fall class will open on November 20th.

BIRTHS.

RYKERT—At Dundas, Ont., August 31st, to Dr. and Mrs. A. Rykert, twins, boy and girl. Mrs. Rykert was Miss Nellie Shaw (class 1894).

KOLMAR—On August 7th, 1907, in Greenwood, B.C., to Mr. and Mrs. R. Kolmar, a daughter. Mrs. Kolmar is a graduate of the Woodstock Hospital.

MARRIED.

MILLER—BURNS.—On September 18th, at St. Michael's Church, Ridgeway, Miss Lily Burns, Amherstburg, Ont., to Mr. Albert Miller, Chatham. Rev. Father James, O.S.T., officiated. (Miss Burns was a graduate, '07, of St. Joseph's Hospital.) Mr. and Mrs. Miller will be at home to their friends at their residence on Harvey Street, Chatham.

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The Nurse's Library.

We have to thank Messrs. A. McKim & Co. for a copy of their *Canadian Newspaper Directory* for 1907. This is the fourth edition, and the book is a useful one.

We have also to thank Messrs. Dauchy & Co. for a copy of the 1907 edition of the *Newspaper Catalogue*, a volume of nearly 800 pages, valuable for reference.

Practical Fever Nursing. E. C. REGISTER, M.D. Philadelphia and London: W. B. Saunders Co. Toronto: J. A. Carveth & Co. \$2.50.

This work is a complete and interesting one, being a description in non-technical language of the pathology, prognosis and treatment of the infective fevers. It may be spoken of as a physician's lectures to nurses, amplified and illustrated, and as such is a valuable text-book and book of reference. Numerous illustrations add to the value of the book.

The University Magazine. We are proud of our new Canadian quarterly review. It is so serious, scholarly and candid, and counts for much. Its appearance is in keeping with all this. E. W. Thomson, John Lewis and Marjorie Pickthall are among the October contributors, and special articles on "Ibsen," "The American Newspaper," and "The Hudson Bay Route," are also to be found in the current number.

Alcohol and the Human Body. SIR VICTOR HORSLEY, F.R.C.S., and MARY D. STURGE, M.D. London: Macmillan & Co. Toronto: The Macmillan Co. of Canada.

Few books during the summer of 1907 aroused more interest than this. It was looked forward to eagerly by temperance advocates, and it has not disappointed them. Those who are on the opposite side will perhaps think it not quite impartial, but why should it be? The book discusses the effect of alcohol on the intellectual processes, the emotions, the different systems of the body, etc. The final chapter (by Dr. Arthur Newsholme) deals with its influence on national health. It may safely be said that no one interested in the subject can afford to neglect this book. It goes without saying that it is well-written and that the press work is perfect.

Mental and Sick Nursing. ROBERT JONES, M.D., B.S. Lond., F.R.C.S. Eng., F.R.C.P. Lond. London: The Scientific Press. 3s. 6d.

The modern definition of insanity as a nervous disease in

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which the mental symptoms predominate is now generally accepted. Hence, almost all authorities on the subject consider that nurses for the insane should have a general hospital training, either before or after their asylum training. This is the point of view of Dr. Jones, whose position and long experience in asylum posts and elsewhere specially qualify him to speak on such subjects. The greater part of the volume has already been published in periodicals. It includes the whole field of the nursing of the insane, with some account of the brain and its diseases.

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THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

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HOSPITAL DIETETICS.

Though this question of diet has long been acknowledged both by the medical and nursing professions as of the utmost importance it is only within recent years that it has been accorded in our Canadian hospitals that attention which it justly deserves. The prime necessity of proper food, cooked palatably, and served so as to attract the eye and stimulate the appetite, has led to the introduction of this new subject. Medical superintendents and superintendents of nurses have not been slow to take advantage of the modern trend, until now, nearly all well-organized, up-to-date institutions supply a diet kitchen course for their undergraduate nurses. The nature and length of the course may vary, but no nurse should graduate in this enlightened age without a practical, working knowledge of how to prepare and serve both invalid dishes and an attractive tray. Invalid cookery, the food-value of the staple articles of diet; the correct balancing of a meal or of a series of meals with the elementary theory, at least, rendered intelligent by experiment, should form one of the corner-stones of her training.

Like most other branches of science, this subject may be taught either theoretically or practically. The ideal method is a combination of the two. The diet kitchen provides the necessary environment and equipment for the practice of cooking, while the lecture-room is the proper place for the elucidation of the theory of dietetics. The demonstration mode of teaching will be found most useful in this work. By it the demonstrator is enabled to combine the two other methods, and by actual work illustrate at once the point at issue. Thus, for instance, the correct preparation and serving of a "grape-fruit" on chipped ice, can be more easily shown than explained. The class sees the manipulation and the completed result, and will the more readily remember the uses and advantages of grape-fruit in a sick-room. Again, the accepted ways of selecting, preparing, cooking and serving eggs may be demonstrated with meagre equipment, but with telling effect.

The two-fold function of food is to build and repair the fabric of the body, and to supply heat and energy for its various activi-

ties. The first of these functions is fulfilled by the nitrogenous foods, which include milk, eggs, meat, fish, fowl, peas, beans and lentils. These foods are essentially tissue-builders and flesh-formers. This service they perform by virtue of the large percentage of proteid found in their composition. The second of these functions is discharged by the non-nitrogenous foods. Heat, energy and proteid-sparers come from this class of food. Vegetables, fruits, cereals, sugars, gums, fats and oils are some of the members of this class. The outstanding food element in each is a carbo-hydrate. Thus the wear and tear caused by the mere act of keeping alive is repaired and the power for doing more work furnished. Lectures on this subject, in a hospital would, therefore, teach some such classification of food, and the different food elements. Such class-work would also include: The nutritive constituents of the food, and their relative duties in the body; the uses and chief sources of water; mineral salts; fats; carbo-hydrates and proteids; how these substances are best supplied, and most suitably prepared; how the body may best attain and maintain its efficiency in health and disease. Here will be found a task for all that a dietitian has of resource and patience.

The theory thus obtained must then be put into practical use. This is done in the diet kitchen. Here practice is the complement of theory. The knowledge that eggs should be cooked at a low temperature; that cold water extracts the juices of meat, while boiling water retains them, is now experimentally shown. Here the correct way of making beef-tea, chicken-broth and gruels is daily shown. The variation that milk-puddings can undergo; the shades of flavor that may be worked into a soup-stock; and the aid of simple decorations, are constantly seen. All cookery that is primarily invalid cookery, such as soups, broths, custards, jellies, junkets, koumiss, barley-water, egg-preparations, milk-combinations, and many other things, are taught. Regular course meals for private patients are prepared. This gives an all-round and comprehensive training, because many a convalescent patient enjoys an appetite as robust as that of a laboring man. In this way a nurse learns the correct methods of cooking both with dry and moist heat, the principles of cake-making, the main points in cooking vegetables, the possibilities of soups; not to mention the essential ingredients in an appetizing salad. They discover that frozen desserts and puddings are more nutritious, easier to make, and cheaper than a hot steam pudding, and that cheese, if properly prepared and combined with milk, eggs or bread-crumbs can be made into a dish of high food value and easy digestibility. All this, and much more is taught and demonstrated day by day in a hospital diet kitchen.

Of necessity many fancy dishes, perfectly practical, and comparatively easy of preparation for one or two, are out of the ques-

tion in providing for a large number. The manner of preparing these dishes, and the method of cooking them, together with the skilled manipulation can be demonstrated before the nurses, so that in private nursing they need never be at a loss to supply an easily digested, attractive, and quickly prepared menu. Thus the dietitian should demonstrate the pretty little dish of eggs, baked in cases; or of cutting an orange to represent a daisy or a small basket. If opportunity offer she should show how to plank a haddock, how to cook frogs' legs, or how to jelly a bird in aspic. These, and similar unusual things are the very things that a nurse may be called upon to do, and for the doing of which she should possess the knowledge.

In cases of sickness the question of economy should be the last to be considered, but if it becomes paramount to be economical in dealing with a patient then the nurse should know the best cuts of meat to buy for broiling or for soups, and the best articles to order so that by their judicious selection and scientific combination the required food value may be secured for the invalid.

All eating, even among healthy people, is largely influenced by personal taste. Some food, even if easy of digestion, will be so repugnant to a patient as to prove absolutely indigestible to him. Some slight variation in the flavor, some change in the mode of cooking, some original idea of serving or decorating may so alter the taste and appearance that this difficulty may be overcome. Use every endeavor to appeal to the sight, the palate and the temperament of your patient. Serve things always in the condition at which they are intended to be served. If the dessert is cold, have it ice-cold. If the soup is to be hot, be sure it reaches the patient steaming, and free from fat. Have the tray looking as attractive as spotless linen, shining cutlery put on straight, and deftly arranged dishes can make it.

After a term in a diet kitchen no nurse should be a slave to any recipe. Recipes should serve as guides not as masters. The idiosyncrasy of the patient, the balancing of his diet, the season of the year, and the materials at her command may all limit a nurse's usefulness, but they also supply an opportunity for originality in flavoring, combining, decorating and serving. Any one can make an attractive dish with all the conveniences of a modern kitchen, and all the season's luxuries at hand; but it requires a past-master in the art of cooking to make old, well-remembered foods taste like new. The principles of cooking remain unchanged, the accessories vary, and are as various as the individualities of patients. No diet kitchen can exhaust the possibilities of the art, but at least the unalterable rules can be instilled, and the unvarying attractiveness of well-seasoned, tastily-cooked food demonstrated.

LILA KATE GUTHRIE WHITE.

The City Hospital, Hamilton.

THE CARE OF TYPHOID FEVER PATIENTS.*

Physicians tell us that enteric or typhoid fever is the most common continued fever of our country. This fact together with the length of its duration, during all of which time the patient's resisting power is being more and more taxed, and his strength being steadily diminished, and the insidiousness and seriousness of its complications makes it evident that intelligent nursing in these cases is of paramount importance.

It has been called the autumnal fever, and it is probably during the autumn that the largest number of cases occur, but cases will be found at any season of the year when the food or water supply may be contaminated. One eminent physician asserts that the amount of typhoid occurring in a community is an index to the sanitary intelligence of that community."

While diagnosing does not come within the province of the nurse yet the physician will look to her for the information upon which he will establish his diagnosis, hence the necessity for untiring vigilance and accuracy in reporting observations.

Supposing the diagnosis of typhoid to be made, the nurse's problem now is how she can nurse this patient with the best results. Some of the essentials in its treatment are perfect rest and quiet, careful feeding, cleanliness, prevention of bed-sores, reduction of temperature when necessary, good ventilation, and frequent use of disinfectants.

Rest and Quiet. Remember that your patient is suffering with a very exhausting disease, and it is your duty to do and think as much as possible for him. He should not be allowed to attend to his wants in any way, not even by taking a drink of water himself.

The *feeding* is a most important phase in the treatment. Many physicians advocate a milk, albumen, or beef-tea diet as being the most nourishing and least irritating; others permit any fluid diet. The milk may be diluted with barley water or lime water; it may be flavored or peptonized. Whatever diet is adopted the effect must be carefully watched. If diarrhœa be persistent, if curds appear in the stools, or there is evidence of distension, cut down or withhold the milk. Regarding quantity it is safer to give too little than too much at a time, having the feedings small and frequent. The patient should be encouraged to drink plenty of water, its beneficial effect in ridding the system of much of its toxin, being very marked.

Cleanliness in its broadest sense is absolutely indispensable in the nursing of any disease, but the omission of the lightest detail in the case of a typhoid patient not only adds much to his discomfort, but may be the cause of a re-infection. Apart from the

*Prize Essay—Toronto General Hospital Alumnae Association.

therapeutic measures which may be adopted for the reduction of temperature, the patient, if complications do not counter-indicate, should have at least one soap and water bath a day. After each micturition or defecation the parts should be thoroughly washed with soap and water, or perhaps an antiseptic solution. Should a sheet become soiled remove it as soon as possible, and soak in a strong disinfecting solution. The condition of the tongue and teeth must be watched, as scrupulous cleanliness here adds much to the patient's comfort as well as to his digestive ability. Wash the mouth carefully before each feeding with some antiseptic mouth-wash, allowing the patient to rinse it thoroughly after the feeding.

The vitality being very low, the patient being listless and inert, and therefore prone to lie in one position, the frequent appearance of small eruptions on the back—these facts make the prevention of bed sores somewhat difficult. Keep the skin clean by the bathing, and dry and hard by the "alcohol rub," paying particular attention to the prominences which are subjected to pressure or the friction of the bed-clothing. Zinc oxide ointment well rubbed in when the eruptions first appear will prove healing in most cases. If any part of the skin, seem likely to be abraded a collodion dressing should be applied, and the part protected from further pressure. On occasions when severe hemorrhages are occurring and absolute quiet on the back is being insisted upon, a bedsore may occur, and yet reflect no discredit upon the nurse. But in such an instance the physician will be glad to take the responsibility, and when the proper time arrives direct the treatment for its healing.

The *temperature*, pulse and respirations must always be carefully watched, and cases of hyperpyrexia be dealt with as soon and as effectually as possible, always, of course, according to directions. There seems to be very little doubt that the treatment productive of best results is the cold baths or packs, given every four hours for a temperature of 102.5. The bath may be either the tub or the sponge, the latter being most practicable in private nursing. Some patients may be much averse to the sponging, especially if the initial one be cold, but the tactful nurse will manage in most cases to overcome this prejudice and be able ultimately to give the sponges satisfactorily. A sponge given in lung, even strokes, besides having the primary effect of cooling the body will usually have a sedative effect as well, and ensure a restful sleep.

Abundant fresh air is an indispensable requirement for the healthy individual, and how much more so for the one whose blood besides containing the ordinary impurities is charged with the poisonous products of disease. *Ventilation*, then, will form a

part of the treatment, but in carrying it out the danger from draughts must not be lost sight of.

The frequent use of disinfectants not only insures the patient against re-infection, but is a safeguard against the spread of the disease. All excreta should be covered with a strong disinfecting solution, and allowed to stand for some hours; the mouth-cloths used should be immediately burned. And assuming the probability of infection from the mouth, it will be necessary to have dishes for the use of the patient only, boiling them once a day.

The complications of typhoid are numerous, but the most common are phlebitis, otitis media, pneumonia, intestinal hemorrhage and perforation.

Phlebitis is a tedious and painful complication which requires patient care. Besides the special treatment keep the part as quiet and comfortable as possible, and avoid massage.

The mouth having been neglected might cause otitis media.

Pneumonia is very apt to occur if the patient be allowed to lie too long in one position. He should be turned from side to side, systematically, say at each feeding, and supported by pillows.

Intestinal hemorrhage may be expected in all severe attacks, but often occurs in apparently slight attacks, and results in death in from 30 per cent. to 50 per cent. of the cases. Such symptoms as a sudden fall in temperature, extreme pallor, air-hunger, rapid feeble pulse, may suggest its approach; or, without any warning at all, blood may be noticed in the stools. The foot of the bed should be elevated, an ice-bag suspended so that it will lightly touch the abdomen, nourishment and stimulants discontinued, and above all, absolute rest regardless of personal feelings. An incident is told of a patient who lost his life because of being moved enough to change his gown, after hemorrhage. The verdict was that he was "nursed to death."

Perforation is even more serious, very few cases recovering. The symptoms are sudden fall in temperature with severe abdominal pain, small rapid pulse, and distension. Surgical treatment is resorted to.

Nor are we quite safe when the patient's temperature has fallen to normal and convalescence is established. Now he is extremely hungry, and to increase his diet too rapidly may do much harm. Usually patients are not allowed solid food until the temperature has been normal about a week; and then beginning with very soft diet, and adding a little from time to time, if there is no evidence of disturbance. In like manner the change from the prone to the upright position must be accomplished very gradually.

M. A. B. L. ELLIS.

HOSPITALS OF THE CANADIAN WEST.*

My subject is so large that I must limit myself to the hospitals of Canada beyond the Rockies.

In British Columbia we have the regular incorporated general hospitals, accepting government aid and supervision; church hospitals, under the direct control of the Anglican, Presbyterian, Roman Catholic and Methodist Churches; hospitals controlled by large lumber mills and by mining interests.

The oldest and certainly the best known hospital in the province is the Royal Jubilee in Victoria, built in commemoration of the jubilee year. The hospital is constructed on the pavilion plan, with beautiful lawns and gardens covering twenty acres. The Jubilee will accommodate one hundred patients, has a training school, and is especially noted for its surgical work.

St. Joseph's Hospital (R. C.), conducted by the Sisters of St. Ann, has also a training school, and is a small and very beautifully kept hospital.

Other Vancouver Island hospitals are at Chemainus, a great lumbering centre, and at Nanaimo and Cumberland, both mining districts.

The Columbian Coast Mission have two very interesting hospitals at Rock Bay and Van Anda Island for the logging camps, of which there are about thirty scattered along one hundred miles of island-studded coast. Patients are brought to these by the little C.C.M. hospital steamboat, *Columbia*, and sometimes in small, open boats, generally making very light of great hardships by the way.

The Vancouver General is the largest and most important hospital in the province. The new building with two hundred beds, although only occupied a year and a half, is already overcrowded owing to the very rapid building up of the town within the last three years. The hospital has a training school of forty-five pupils and four graduate nurses, and a resident staff of four medical men. Under the same supervision there are isolation cottages with provision for five distinct infectious diseases.

Vancouver has also a Roman Catholic hospital, St. Paul's, conducted by the Sisters of Providence. Its capacity is one hundred beds, and it has a newly organized training school and a medical superintendent.

There are also several private institutions, St. Luke's Home, under the management of St. James Church, being the pioneer hospital in Vancouver.

Among the oldest hospitals in the province is the Royal Columbia at Westminster, beautifully situated on the Fraser River. It has a training school and about forty beds, but is so overcrowded that plans for a new hospital are being hurried forward this fall.

* Read at the Annual Meeting of the C. A. S. T. S. N.

Others are the Royal Inland at Kamloops, the General at Revelstoke, the Kootenay General at Nelson, the Sisters of Providence at Rossland, the General at Golden and the Vernon Jubilee at Vernon in the celebrated Okanagan valley. These, while doing general hospital work, are mostly occupied with emergency surgery. They average twenty-five beds and nearly all employ only graduate nurses.

Smaller hospitals again, as at Sandon, Ymir and Phoenix, are controlled by miners' unions and frequently have only the camp's doctor in charge and no nurses.

Right up among the gold mines is St. Andrew's Hospital at Atlin, which is of special interest to Eastern Canada, as it was owing to the efforts of some Presbyterian ladies of Toronto that a start was made in the work by sending out two trained nurses in 1899 to help the misery of the many poor unfortunates who dropped out in the mad rush northward. The work begun in tents and shacks has grown, and there is now a well equipped, comfortable building with accommodation for twelve patients.

It may be remarked that this undertaking on the part of a few ladies in Toronto was practically the initial movement which led to the formation of the Presbyterian Women's Home Missionary Society in Canada, and the establishment and maintenance by them to-day of five or six well-equipped hospitals.

Looking into the future a little, among our most important hospitals will be the sanitarium for tuberculosis at Tranquille. A beautiful ranch of four hundred acres on the shores of Kamloops Lake and Tranquille River is the site of this undertaking, and the buildings are being started this summer. It is an ideal spot for an outdoor life.

In addition to these are numberless small hospitals and temporary hospitals for construction work. It must be remembered that British Columbia is so new as yet that the population far out-proportions the homes, and hospitals are a necessity even in the smallest towns, and one of the first public buildings thought of.

The demand for graduate nurses for small hospital positions is good throughout the province. There is not much demand for private nurses, except, perhaps, through the better populated parts of the Okanagan Valley and especially in Vancouver, where a good nurse can always find all the work she can do.

A. MACFARLANE.

THE SMALL HOSPITAL AND THE TRAINING OF NURSES.*

This is a strenuous age, an age of enormous buildings and structures, gigantic trusts, huge enterprises of all kinds, and we are prone to judge by quantity rather than by quality. Yet long ago the lesson was taught that quality counted for more in achievement than quantity. In the seventh chapter of Judges we read that Gideon had an army of thirty-two thousand men from which the Lord selected three hundred to defeat the multitude of the Midianites. In the small hospital, as in the small college, the pupil becomes acquainted with the teachers, and the teaching is more individual.

In the small hospital the lecturers are men of experience, and give to the pupil nurse of their positive knowledge. In the larger schools part, at least, of the lectures are delivered by the young and inexperienced "interne," who feels that he knows much more than does the man who has given many years of mental and physical thought and energy to his profession.

I find in the daily round of institutional work that the nurse in the small general hospital has a more varied experience than does her sister nurse in the larger hospitals. In the small hospital the nurse knows about every patient in the institution. In the larger hospital the nurse knows about the condition of the patients in the ward to which she is assigned.

In the small hospital the gynecologist is constantly explaining to the nurses the existing condition and why he is adopting such and such treatment, the reasons for certain positions, the best methods of giving such treatment, and teaching her how to give the same. I can think of a graduate of one of the best training schools on the American continent who never saw but two uterine treatments given, and never *gave* one before her graduation. And this through no fault of the superintendent of nurses. It is often most difficult in a large hospital to arrange the work in such a manner that each pupil has her full share of the work in each department. Where there are fewer nurses this is done without detriment to the patients, and adds to the benefit of the pupil nurse.

I have recently had an experience with a graduate of a large hospital who had to be taught how to correctly write an order given by a doctor, and whose method of giving a hypodermic could not be tolerated in a junior nurse; the lack of system and neatness was most pronounced in this case. I do not forget "That a pine knot cannot be run through a saw-mill and come out a walnut board," but I do contend that the more personal supervision counts much in the training of the nurse. The constant observation and the correction of many objectionable habits and mannerisms means much to the future of the pupil.

* Read at the Annual Meeting of the C. A. S. T. S. N.

I would like to graduate from this school well-developed women as well as capable, conscientious, reliable nurses.

It matters not whether the hospital be large or small if the pupil has not had the benefit of a fairly conscientious home training she cannot be entirely made over in her three years of hospital life, though I do not believe there is any other vocation where there are as many opportunities for character strengthening and building as there is in this life of usefulness, sorrow and joy spent in a hospital.

The constant forgetfulness of self and thought for others gives strength to the nurse as well as the patient.

In the small hospital the intermediate and senior nurse is taught to assume more and earlier responsibility, and consequently soon becomes more self-reliant by developing her untried ability. She is a personality, an important factor, in the institution. She is constantly being taught the why and wherefore of doing and observing, by physicians and surgeons and graduate nurses, who feel the responsibility of her training rests with them to a large extent. In the operating room or clinic she is the helpmeet indeed of the surgeon, preparing supplies of all kinds, and very frequently his important assistant. On her care and faithfulness depends no small part of the success of the operation. When she becomes a senior in the operating room she takes the work largely of an "interne" in the larger hospital, and with more earnestness performs her part.

In the majority of small hospitals there is no resident physician or surgeon, and the responsibility for all in the institution is much greater so far as the patients are concerned.

There is a feeling that the smaller hospital cannot and does not accomplish much in the training of nurses. It can and does develop her executive ability; she is not hampered on every side, as is her sister nurse in the larger hospital (of necessity). There are so many others whose authority exceeds hers that it is often a problem to know "where she is at."

"We all know a horse can drink as much at a brook as a lake." An eminent surgeon told me his most complicated cases were from the agricultural district, where the small hospital is usually situated. The varied exigencies, experiences and emergencies which count so much in the nurse's training arise as often in the small hospital as in the large, and the manifold daily duties of the nurse's calling are ever present in the small hospital.

The battle in Manila Bay happened only once in a nation's history, but the daily duties of a nurse are ever present.

The rule in large or small hospitals should be sympathy, not of the maudlin kind, and "justice to all."

CHRISTINA MCKENZIE HALL.

Clinical Department.

NURSING NOTES.

A Salt Rub.—A daily salt rub, followed by a sponge bath with tepid water, using a coarse towel and friction for drying, is recommended as a good tonic for tired people. Moisten coarse salt and rub briskly over the body with the bare hand.

Hot Fomentations.—In applying stupes to children or old people, there is always danger of blistering if turpentine has to be used. Instead of mixing the turpentine in the water, or sprinkling it on the flannel, try using a mixture of turpentine and olive oil. To an ounce of olive oil add about a drachm and a half of spirits of turpentine. Shake well. Smear the part with the mixture about once in four hours before applying the hot stupe.

Prophylaxis in Typhoid Fever.—All dishes used by typhoid fever patients should be washed separately and boiled daily. Thermometers should not be used promiscuously for other patients and should be kept in a solution of bichloride, 1-1000, which is changed once daily. One of the best disinfectants for stools is milk of lime. To make this, pour a pint of water over two pounds of fresh lime. This makes a preparation known as hydrate of lime. The milk of lime solution is made by using one pint of the hydrate of lime to eight pints of water. This solution should be made fresh every two days. The quantity used should be equal in amount to the material to be disinfected. The urine and vomited matter also contain the typhoid germ. An equal amount of carbolic acid solution, 1-20, is a reliable disinfectant for this matter. Bed pans and urinals should be scalded after using. Linen soiled with excreta should be soaked for an hour in a carbolic acid solution. Rectal tubes and nozzles should be boiled after using. Hands should be scrubbed after handling the patient or soiled articles. A basin with a disinfectant solution for the hands is a preventive measure required in many of the best hospitals. All washable bedding should be washed and boiled.

For Chapped Hands.—A useful lotion for chapped hands is made by mixing two ounces each of glycerine and alcohol, two drachms of compound tincture of benzoin, and the juice of a lemon strained. Shake well and apply after washing the hands in warm water. Always dry the hands very thoroughly.

C. A. AIKENS.



Miss Eastwood, Superintendent of the Toronto Branch of the Victorian Order of Nurses, has been temporarily appointed Chief Lady Superintendent of the Order in the place of Miss Allen, who resigned.

THE LADY MINTO HOSPITAL FUND.

The following are the regulations of the Fund:

1. The grants from this Fund are made to assist in the erection of hospitals to be maintained in connection with the Victorian Order of Nurses for Canada. No grant in aid of the maintenance of any such hospital is given from the Fund.

2. The applicants for a grant must satisfy the Executive Council of the Order that there is a necessity for the erection of a hospital at the proposed place; and that with the aid of the grant they will be able to build, furnish and maintain the hospital.

3. The applicants for the grant shall undertake to secure incorporation under the name of The Lady Minto Hospital at (name of place).

4. No part of such grant will be paid over until a suitable site for such hospital has been obtained and a good title thereto vested in the Hospital Board.

5. During construction the applicants for the grant shall insure the hospital, and keep it insured in some good company in the name of the Hospital Board in a sum sufficient to cover any sum expended thereon.

(To be continued.)

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery, given at the cases, by an experienced obstetrical nurse. Salary, \$10.00 per month. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The
Guild of



Saint
Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]

—Ambroise Paré.

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.

District Chaplain—Rev. Arthur French, 1773, On'ario Street.

District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.

Chaplain—Rev. Canon Kitson, the Rectory.

Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.

Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.

Local Superior—Mrs. Welch.

Secretary—Miss Maud Roger, 5 Howland Ave.

On Friday, October 25th, the Guild of St. Barnabas held its first meeting, after three months' holiday, at St. James' Cathedral Rectory. The meetings will be held as usual throughout the winter on the last Friday of every month. The attendance was good. Those present were the chaplain, the superior, ten members, an associate, who was admitted as member, and a visitor. After the service a short business meeting was held. Letters were read by the secretary. A discussion took place as to whether Ottawa should be asked to take the page in the CANADIAN NURSE every third month. They were asked last year, but nothing satisfactory was done. However, our Secretary has consented to write and ask the Superior, Mrs. Houston, and we hope for a favorable reply soon. Our Chaplain had a word to say to us from the Bishop of London, who was visiting Canada in September. Unfortunately he had not time to address the Guild, although he spoke to the American Guild. Canon Welch told him of the Toronto branch, and ended up by saying, "We pray for you every month." The Bishop replied, "Thank you. I need it badly." The Bishop addressed a very large audience in Convocation Hall. Those who were not present missed a great treat.

We hope the Guild of St. Barnabas may have a very successful winter, and that the nurses who do not already belong, may join us, and help to make each meeting of use to themselves and their fellow members.

My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
My soul will be a-dry before,
But, after, it will thirst no more.*

—Sir Walter Raleigh.

THE SECOND CRUCIFIXION.

I hear, and to myself I smile,
For Christ talks with me all the while.

Yet while they deem my Lord is dead,
My eyes are on His shining head.

Yet all the while my Lord I meet,
In every London lane and street.

Yet all the while I see them rest,
The poor and outcast, on His breast.

So in the street I hear men say,
Yet Christ is with me all the day.

RICHARD LE GALLIENNE.

We ask that through our sufferings we may win ever a little more courage, a little more patience, a little more generosity; we ask that they may reveal to us a little more of the secrets of hearts, that through them our hearts may be softened; till there is perfected in our souls that love, than which there can be nothing sweeter, nothing stronger, nothing higher, nothing broader, nothing fuller or better on earth or in heaven.

C. F. BLOUNT, S.J.,

—*In the Catholic Nurses' Magazine.*

MEANING AND METHOD OF LIFE.—What we all need to make us happy, is renunciation of worldly ambitions, in obedience to serene and clear ideals of honor and duty. Dare to be poor, and unfamous. Take your little tragedy out of God's way, and let Him flood your life with His rich love and ample content. Do not be so selfish, so earnest, so morbidly careful of yourself. Why should we not live in the day, and bask in its brightness? Why not love even those that are hateful and that are unjust to us? Our own happiness is too precious to spoil it with hatred, and the world's happiness is too easily lost to endanger it with our personal animosities.

GEO. M. GOULD.

The Canadian Nurse

VOL. III.

TORONTO, DECEMBER, 1907.

No. 12.

Editorial.

THE ONLY THING WE NEED.

More subscribers. That is the only thing we need. Last year was a very successful one for THE CANADIAN NURSE. We became a monthly magazine, we more than trebled our subscription list, and we now have more than one thousand paid subscribers. The credit of this is due to you, our readers and subscribers, and we thank every one of you sincerely for it.

But now our best friends are asking for more articles, more practical articles, and for a larger magazine. The Editorial Board want to give you a larger and better magazine for 1908. This, of course, will cost more money. Besides, the new agreement with the printers last year, by which a strike was averted, has added about \$200 to our annual expenses. In order then to enlarge our magazine and pay for it, we need more advertisements, and business men cannot give us more advertisements till we have more subscribers. If we had 2,000 subscribers we could get more advertisements, but what we really need is 4,000 subscribers, and we could give you a magazine that you would be still prouder of. So we need more subscribers. Will you please send us one—or two—NEW SUBSCRIBERS?

THE OVER-WORKED NURSE.

Is there any sense in trying to do too much? The nurse-in-training, the graduate, the instructor of nurses, the assistant superintendent and the superintendent, are all overworked. The hours are too long, the nurse is too tired, and she comes out of the hospital often rather a wreck physically. This is wrong. As a class, the women who are superintendents of training schools are characterized by great personal efficiency, but they are overworked.

"There don't seem to no good come out of it," as a London penny 'bus driver remarked about the mad rush of motor busses, taximeters, two-penny tubes and all the rest of it. And the same remark may always be made about trying to do too much our-

selves, or trying to make other people do too much. The hospital nurse is a case in point. Let us have more hours off and shorter periods of duty, and more nurses on the wards and more assistants, and a more reasonable standard of nursing work generally.

POST-GRADUATE OPPORTUNITIES.

The question of opportunities for post-graduate work occupied the attention both of the Canadian Society of Superintendents of Training Schools for Nurses at Montreal, and of the American Hospital Association at Chicago. Post-graduate work we must have, and those who love their work, and live to do it well, have always spent time and money in visiting other hospitals, thus learning from time to time new methods, and keeping alive the enthusiasm for knowledge and progress. This is one very useful and important factor. But evidently some organized plan is needed. A course of lectures, such as that outlined by Miss Sheppard, in Montreal, and definitely asked for by some members of the American Hospital Association in Chicago, would be a great help, and indeed is almost indispensable. We do not know a single hospital nursing staff that is not overworked now, and we would make it a plea for a more reasonable arrangement of the duties of Superintendents of Hospital Nursing Schools that post-graduate work is practically impossible, though so important, because the heads of the schools and their assistants are at present so overworked. We have spoken of this elsewhere, but here we would merely point out the imperative call for post-graduate instruction, or rather for opportunities for the older graduates and the officers of training schools to be given a chance to keep up with the times, and to have the stimulus of seeing and hearing the best and most progressive lines of medical and nursing work.

Editorial Notes.

ENGLAND.

The Queen's Gift.—Her Majesty Queen Alexandra has sent a donation of 600 guineas to the London hospital, of which she is President.

The Nurses' Missionary League.—Eight nurses going to the mission field under the auspices of the League were present at an interesting and inspiring valedictory meeting in University Hall, London, last month.

A Heroine.—The heroism of Nurse Harrison, who lately lost her life in rescuing a child from drowning at Chester, is to be commemorated by the erection of a stone drinking fountain.

GREAT BRITAIN.

The Mental Nurses' Co-operation.—Miss Jean Hastie, a Scotch nurse with eighteen years of experience in nursing mental cases, is endeavoring to found a society for "Mental Nurses." The registration fee is 5s., and Miss Hastie has many good plans for the society.

IRELAND.

A Four Years' Course.—At the last meeting of the Belfast Board of Guardians it was proposed that the period of training for nurses in the workhouse infirmaries should be four years instead of three. The majority of the largest General Hospitals in England have now made the time of training four years.

SCOTLAND.

The Scottish Nurses' Club.—The Committee have taken a house in Castle Street, Edinburgh, and hope to open the club early in December. There will be tea-rooms, reading and writing, and recreation rooms, etc. Membership is open to all nurses in Scotland, and the Secretary is Miss Mabel Halkett, Pilferrane, Dunfermline.

INDIA

Lady Minto's Indian Nursing Service.—In the last two months nine or ten English nurses, graduates of St. Bartholemew's, the General Hospital, Cheltenham, the Royal Infirmary, Manchester, and other well-known hospitals, left to join Lady Minto's nursing service in India.

Native Nurses.—The Jamsetji Jijibhai Hospital Nursing Association has now thirteen native nurses in training. These nurses when their training is finished are so much in demand by the general public that they at once find employment "at salaries which the hospital cannot afford to pay." This happens in other countries!

The Ministering Angel.—Dr. Nicholas Senn, whose letters from all over the world about medical affairs have been so interesting, has recently written of Pretoria, Capetown, etc. Of the Transvaal Leper Settlement he says: "Miss A. M. Whiteman, an English trained nurse, is the ministering angel in this valley of human suffering and misery. The patients respect and adore her and she is devoted to them. She speaks Dutch and all the native tongues, and all come to her when they are in trouble, or in need of her services, which she so cheerfully and willingly renders them."

"For man to assist man is to be a God.
This is the path to eternal glory."

—*Plinius Major.*

FRANCE

Berk Plage.—On the sands of the sea, near Boulogne, is the great open air hospital for the tuberculous children of Paris, sent here to have the best chance to fight their dread adversary, T. B., successfully. Most of the nurses are religious sisters.

HOLLAND

The Green Cross Association.—One of the chief objects of this Association is to provide skilled nursing for the poor, and for those of moderate means.

The International Council of Nurses.—Mrs. Aletrieo, President of the Dutch Nurses' Association, has consented to be the honorary vice-president of the International Council of Nurses for Holland.

FINLAND

The Finnish Nurses' Association.—At the Annual Meeting held in Helsingfors, the association decided to apply for affiliation with the International Council of Nurses.

UNITED STATES.

The Physical Effect of the Three Years' Course.—A paper that has attracted great attention, both at the annual meeting of the American Society of Superintendents of Training Schools for Nurses, where it was delivered, and in professional journals where it has since been printed, is Miss M. Helena MacMillan's on the above subject. Miss MacMillan's opinion is that the physical effect of the course is unfavorable, especially on account of the long hours of duty and the evening lectures.

JAPAN

The Red Cross Society.—This Society works in connection with the Army Sanitary Corps, and was founded in 1886 under the patronage of the Emperor and Empress. The number of members is now 1,275,512, and every member is allowed to wear a medal on public occasions. During the late war 4,700 Red Cross nurses, both men and women, were sent to the front, where their "nothing-forgotten" methods aroused the admiration of English and American nurses..

NEW ZEALAND

Maternity Hospitals.—In an address delivered at the opening of St. Helen's Maternity Hospital at Sydenham, Christ Church, the Minister of Education, spoke of the four St. Helen's Hospitals, the other three being at Dunedin, Wellington and Auckland. The number of births at these three maternity hospitals so far was 564, and out of that number there had been three deaths. The nurses had also attended 154 cases outside.

Correspondence

DEAR MADAM,—There is no training school in the vicinity of Gleichen, and this is the only hospital. Since returning to the hospital on June 1st I have had, besides out-patients receiving daily treatment, ten in-patients—five men and five women, respectively. One man came in to-day. All the others are gone except two little girls. Both cases are tuberculous. One is in a dying condition—only a matter of time. We shall miss her very much. She is six years old, one of the Home children. A very bright, intelligent little girl, remarkably so for an Indian child. She possesses a wonderful memory, and the way she picks up English is a surprise and delight to all who hear her. Her name is Amy Red Blanket, sister of Betsy Red Blanket, of whom you know. Ever since she came into the hospital she has had a very high temperature, and a very rapid pulse. Notwithstanding all this for the first couple of months she had a great flow of spirits. Her voice was heard the first thing in the morning, throughout the day, and the last thing at night. She would sing verse after verse, going from one hymn to another, or one song to another. Could sing "God Save Our King." Laughing, singing, talking all the time she was awake. Her voice is no more heard in song or laughter. She smiles occasionally—is very irritable at times, but a very dear little girl for all. I do not like to think that she must die. I lie on a couch in the dining-room, and go in to see her now and then through the night. Altogether she is an exceedingly interesting child. We shall sadly miss her when she is taken from us.

I nursed a Home boy—Alfred by name—through a case of pneumonia. As there was a tendency to tuberculous trouble, he was detained here for a time after his recovery.

The cases I have had to deal with are more or less scrofulous or tuberculous, trachoma or conjunctivitis. Under the hospital doctor's directions I carry out, I suppose, the ordinary treatment in the various cases. Hence, I do not see how any hint or suggestion of mine could be of any practical use to you. I should be delighted to do so if I could. I am more in need of aid from you.

ANNIE C. MURRAY.

Victoria Hospital, Gleichen, Sept. 6th, 1907.

The Contributors' Club.

THE DRESSING SUPPLY ROOM.

The method of cutting dressings in the wards has been superseded in a number of hospitals, by having them cut in a room set aside for the purpose. One nurse spends a month in this department, assisted by the operating room nurses. Dressings are cut, "T" bandages, scultetus binders, cotton jackets and such supplies are made here and are given out each morning on requisition. The list from each ward is examined by the operating room supervisor, who signs it, if it meets with her approval. This seems the best way of keeping a check on the supplies ordered in hospitals where the wards are in charge of pupil nurses. In the best regulated hospitals, there are nurses who are extravagant with gauze especially, using it for cleaning purposes, for handkerchiefs, etc., and using twice the quantity of dressing really necessary for a clean wound. The nurses should be instructed to return "broken" packages for re-sterilization. Uncut gauze and cotton should not be allowed in the wards. "Mouth gauze" for the medical wards is given out in packages of small square pieces, utilized from the "left overs" in cutting the dressings. It is surprising to find at the end of the month how the gauze and cotton bills are reduced by this system.

ANNA MAYBEE STAEBLER.

Question Department.

We have received the following replies to the question asked last month by one of our subscribers as to the best method of establishing a Sick Benefit Fund for nurses.

This duty may be most successfully discharged by the Alumnae Association of a hospital, and the first step is to gain the interest and individual assistance of each member. A committee is usually appointed to take charge of the Sick Benefit Fund, the chief duties of which are to interest the members of the Alumnae Association and others, and to secure subscriptions. The hospital authorities should be consulted early, and their help and active assistance secured. In some hospitals a ward has been secured for sick nurses who are graduates of the hospital at a rate considerably less than the usual charge. Many of the hospital governors and trustees are generous in giving donations, and many private patients, when parting from a nurse, whose services have been acceptable and helpful, sometimes, indeed, whose services have gone far to save the patient's life, will hint at a desire

to give the nurse, either in the hospital or out of it, some memento or present. This is something that a high-minded nurse usually would rather not accept, but a subscription to the Sick Benefit Fund is not only unobjectionable but would do far more good than almost any personal gift. Entertainments are often given for the Sick Benefit Fund. Lectures, bazaars, dances, exhibitions, etc., have all been given for this object with very gratifying results. It may also be mentioned that the Alumnae Association of the H. S. C., Toronto, have been fortunate enough to make a sum of money for their Sick Benefit Fund by the sale of their hospital recipe book.

Other answers have been promised, and we hope to publish these next month. But the method of direct subscriptions by the nurses themselves, either annual or special, is perhaps the most satisfactory and dependable method of all.

One way an alumnae raised money was: each member or each person interested in the sick members agreed to collect from her friends five yards of coppers. Each yard contains thirty-six, and no person would refuse to give a copper if asked. In this way quite a little sum was realized.

A rummage sale is good if it can take place in a poor district, as second-hand clothing can be used. Each person obtains from her friends all the cast-off clothing she can get, and it is sold for a sum which is all gain, as there is very little outlay.

(From Miss F Sharpe, Woodstock Hospital.)

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from.

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnae Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnae Association.

The Galt General Hospital Alumnae Association.

The Guelph General Hospital Alumnæ Association.
 The London Victoria Hospital Alumnæ Association.
 The Kingston General Hospital Alumnæ Association.
 The Montreal General Hospital Alumnæ Association.
 The Montreal Royal Victoria Hospital Alumnæ Association.
 The Ottawa Lady Stanley Institute Alumnæ Association.
 The St. Catharines General and Marine Hospital Alumnæ

Association.

The Toronto Central Registry of Nurses.
 The Toronto General Hospital Alumnæ Association.
 The Toronto Grace Hospital Alumnæ Association.
 The Toronto Graduate Nurses' Club.
 The Toronto Hospital for Sick Children Alumnæ Association.
 The Toronto Riverdale Isolation Hospital Alumnæ Association.
 The Toronto St. Michael's Hospital Alumnæ Association.
 The Toronto Western Hospital Alumnæ Association.
 The Winnipeg General Hospital Alumnæ Association.
 The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.



KINGSTON GENERAL HOSPITAL.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

POSTINGS AND TRANSFERS.

Sisters.—Miss E. M. E. Todd, to M. Hp., Colchester, from Connaught Hp., Aldershot; Miss E. H. Hay, to Connaught Hp., Aldershot, from M. Hp., Colchester; Miss M. M. Tunley, to R. V. Hp., Netley, from Cambridge Hp., Aldershot; Miss M. Smith, to Cambridge Hp., Aldershot, from R. V. Hp., Netley; Miss G. M. Allen, to M. Hp., Chatham, from M. Hp., Colchester; Miss P. Steele, to M. Hp., Colchester, from M. Hp., Chatham; Miss A. Nixon, to S. S. "Plassy," for Indian troopship service, from M. Hp., Chatham; Miss L. M. Toller, to S.S. "Plassy," for Indian troopship service, from the Q. A. M. Hp., Millbank, London.

Staff Nurses.—Miss C. M. Hodson, Miss M. A. McCabe and Miss B. M. Oates, to the Q. A. M. Hp., Millbank, London, on appointment.

APPOINTMENTS CONFIRMED.









Staff Nurses.—Miss E. R. Collins and Miss K. F. G. Skinner.






C. H. KEER,

Matron-in-Chief, Q.A.I.M.N.S.

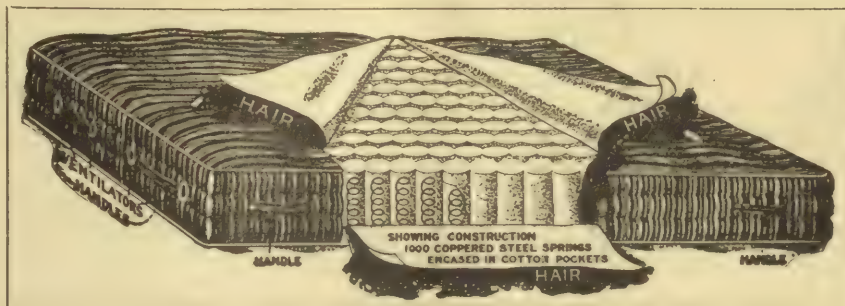
IN almost all ages, and in almost all countries, beef has been regarded as the strength giving food par excellence. But it is not always possible to obtain beef just at the moment when nourishment is required, and again it is not always that the system is in a condition to draw the full store of nutriment from the meat. Each of these difficulties has been overcome, and the nutriment and stimulus of beef can be obtained at any time, with very little trouble, and in a form which admits of immediate assimilation by even the most delicate invalid.

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is guaranteed to be the pure product of prime beef. All that is in beef is in Bovril.          

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The only Ventilated Mattress



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Special Prices to Hospitals and Nurses

The MARSHALL SANITARY MATTRESS Co., Limited

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Hospital and Training School Department.

MISS KATE MADDEN, Brooklyn City Hospital, has gone to Boston to take charge of a hospital.

MISS KENNEDY, J. H. H., Baltimore, has gone to Dr. Grenfell's hospital to take up work there.

MISS VAN BUSKIRK, Montreal General Hospital, has gone to Philadelphia to take a course in massage.

MISS EMMA ELLIOTT is in the G. and M. Hospital, St. Catharines, suffering from an attack of typhoid fever.

MISS J. BENNETT (G.G.H.), who is nursing in New York, is spending her vacation at her home in Atwood, Ont.

MISS A. CAULFIELD has resumed her duties at Dr. Kelly's Sanitarium, Baltimore, after a few months' vacation at her home in Guelph.

MISS ELIZABETH ACHESON, graduate of the Hamvot Hospital, has returned from a trip to the Pacific Coast, and is doing private nursing in Goderich.

MISS MARY McKECHNIE, late superintendent of the Orange Memorial Hospital, will take up the work of tuberculosis nurse in the Oranges during the coming winter.

MISS TERESA KELLY and Miss Clara Ferguson, graduates of St. Joseph's Hospital, London, '03, have returned from New York, having finished a post-graduate course at the General Memorial Hospital of that city.

THE November monthly meeting of the Canadian Nurses' Association, Montreal, was largely attended. Dr. Evans gave a valuable address on "Obstetrical Nursing." Twelve new applications for membership were brought before the meeting.

DR. ABRAHAM, graduate Toronto University, is returning to Toronto, after being in charge of the Winnipeg River Hospital, in connection with the transcontinental construction, for the past eighteen months. His place is being filled by Dr. Wightman, of Queen's University, Kingston.

THERE has just been completed at St. Vincent de Paul Hospital, Brockville, Ont., the construction of two of the finest sun-rooms to be seen in connection with any General Hospital. These rooms are built in the form of large verandahs, enclosed in glass, and steam heated. Facing the south and overlooking the broad bosom of the beautiful St. Lawrence these will afford many poor sufferers a pleasant change, and go a long way to coax them back to health and strength.



We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron43c

When ordering, please state waist measure and length of apron required.

THE CAP is made of muslin, with two frills and double border, edged with lace, each 12½c. Other styles and prices in stock.

COMFORT HOT WATER BOTTLE, finest red rubber, \$1.35, \$1.60, \$1.85, \$2.15 according to size.

HICKS' CLINICAL THERMOMETER, from 65c to \$2.00.

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**TORONTO.
CANADA**

MRS. K. THOMPSON, graduate of St. Joseph's Hospital, London, '06, has taken up private nursing in Port Huron, Mich.

MISS ALICE LUNDY, '03, V. P. H., Fredericton, has gone to New York City, where she will engage in private nursing.

MISS ISABEL MACINTOSH (G.G.H., class '03), who has been nursing in Port Elgin and vicinity, has taken a position in Skene Sanitarium, Brooklyn.

MISS G. M. MOORE, graduate of Toronto General Hospital, '04, has recently taken charge of the Isolation Department of the Winnipeg General Hospital.

MISS JOHNS, Winnipeg General Hospital, '02, has been in charge of the X-ray department of this hospital for some months. During this time the work has increased three-fold, and is very satisfactory to the doctors.

At the meeting of the Central Registry Committee on November 4th, the Registrar's report was as follows: Number of nurses on list, 240; applications accepted, 1. Number of calls for October: Registry calls, 90; personal, 20; total, 110; visiting, 1. Money in savings bank, \$400.00; current account, \$92.07; due from unpaid fees, \$220.00. Nurses who have resigned or dropped out temporarily: Miss Isabel Brown, Miss Selby, Miss Keith, Miss Dover, Miss Boyne, Miss Dawson, Miss Baird, Miss McWilliams, Miss Foster, Miss Rogers. This being the first meeting after the annual meetings of the several Alumnae Associations, the election of officers took place for the coming year. Miss Crosby was elected Convener and Miss Kennedy, Secretary.

THE graduating exercises of Grace Hospital, Toronto, took place at a very important meeting on November 6th, at which Miss Patton read a most interesting report, and Dr. Palmer, Dr. Bruce Smith, Mr. J. E. Atkinson and Judge Winchester gave addresses. Mr. Frank Roper, the Treasurer, read his report for the year, showing a total income of \$33,000 and a deficit of \$815. The Hospital admitted 1,433 patients during the year and refused 300, owing to lack of accommodation. The graduating nurses numbered seven, as follows: Maude Elizabeth Tindale, of Arthur, Ont.; Margaret Eleanor Coulter, Bethany; Rose Elizabeth Monnery, Reading, Eng.; Margaret Alice Thompson, Orkney, Ont.; Lilian May Wixon, Toronto; Carrie Elizabeth Gibson, London, Ont.; Clara Louise Barnes, Georgetown, Ont. The presentations were made as follows: Vandersmissen medal, won by Miss Thompson, presented by Miss Vandersmissen; Wismer medal, won by Miss Gibson, presented by Mr. Atkinson; prize for tidy room, won by Miss Barnes, presented by Mrs. R. B. Hamilton; pins for message, presented by Miss Campbell; diplomas, presented by Senator Cox; school pins, presented by Miss Patton, lady superintendent.

Vapor Therapy

The avoidance of drugs if desired or compatible with any drug.

Whooping Cough

Vapo-Cresolene immediately palliates the attendant paroxysms, inhibits injurious sequelae and with attention to a strengthening diet brings the case to an early termination. Used for twenty-five years with marked success in this disease.

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Alleviates inflammation of the bronchi and prevents bronchial complications.

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Used where it is desired to reduce dyspnea and irritating cough, adding greatly to the comfort of the patient.

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Cuts short the attack and insures comfortable repose. Your druggist stocks it.

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What is Scott's Emulsion?

It is a strengthening food and tonic, remarkable in its flesh-forming properties. It contains Cod Liver Oil emulsified or partly digested, combined with the well-known and highly prized Hypophosphites of Lime and Soda, so that their potency is materially increased.

WHAT WILL IT DO?

It will arrest loss of flesh and restore to a normal condition the infant, the child and the adult. It will enrich the blood of the anemic; will stop the cough, heal the irritation of the throat and lungs, and cure incipient consumption. We make this statement because the experience of thirty years has proven it in tens of thousands of cases.

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MISS I. M. BROWN (T.G.H., '04) has accepted the position of superintendent of the Royal Jubilee Hospital, Kenora, Ont.

MISS MAY LOVE (G.G.H., '06) and Miss H. McMurray (G.G.H., '07) have given up private nursing and taken positions in Dr. Kelly's Sanitarium, Baltimore.

MISS MATHESON, graduate W. G. H., '07, has accepted the position of instructor of nurses in the Winnipeg General Hospital Training School for Nurses. Her duties are to teach the junior and intermediate classes, both practically and theoretically.

THE graduating exercises of St. Joseph's Hospital, Guelph, took place on October 16th. The medals and diplomas were presented by the Lord Bishop of Hamilton, Dr. Mackinnon and Mayor Newstead, and each graduate was presented with a shower bouquet by the directors of the hospital, after which addresses were made by His Worship the Lord Bishop, Father Cotee, of Hamilton, Father Donovan, Mayor Newstead, Dr. Mackinnon, Dr. Lindsay, Dr. Stewart, and Dr. H. O. Howitt. The musical part of the programme was in charge of Miss Kennedy. The graduates were: Miss Bush, St. Clements; Miss Myers, Waterloo; Mrs. Hanlon, Guelph; Miss Cooper, Galt; Miss Toner, Hamilton.

THE Grace Hospital Alumnae Association recently held their annual meeting. We have pleasure in publishing the following from the report of the Secretary, Miss Smith: This year we close with a membership of forty-nine—thirty-seven active and two honorary, while last year there were thirty-seven on the rolls. The financial condition of the Association is much improved also, as one year ago we found at the close of it we were in debt, while this year we have a deposit of \$12.00 in the bank. We regret very much that our sick benefit fund has apparently come to a standstill, but we hope that very soon the nurses will realize the advantages obtained thereby, and will consequently take more interest in it. We have had only four monthly meetings during the year, but these meetings have been very instructive, and much appreciated by the nurses. At one Dr. McPherson gave a very interesting lecture on "The Relation of the Army Medical Corps to Nursing," and at other different occasions Miss Patton gave an address on "The Graduate Nurse," and Miss Barwick one on "The Central Registry." The last meeting of the year was altogether of a social character, and was very enjoyable. Officers for 1907-8: President, Mrs. Lalonde; 1st Vice-President, Mrs. MacQuoid; 2nd Vice-President, Miss McPherson; Secretary, Miss Smith; Treasurer, Miss Irvine; Board of Directors, Misses Carnochan, Chisholm, Knight and Chant; Convener of Programme Committee, Miss De Vellin; Social Committee, Miss Carnochan; Sick Benefit Committee, Miss Knight; Press and Publishing Committee, Miss Bell.

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THE Neepawa General Hospital expects to hold a bazaar in November.

MISS LYDIA GOOD, having completed her course of training, has taken up private nursing in St. Catherines.

MISS VERDA LEAVITT, St. Joseph's Hospital, London, '06, has returned from a trip to New York and Brooklyn.

MISS BARNSTON, C. M. B., London, Eng., is the guest of her aunt, Miss Stikeman, Drummond Street, Montreal.

MISS GREER, '06, V. P. H., Fredericton, has returned home after spending two months at Sheffield Academy, N.B.

MISS FORREST and Miss Inga Johnson, W. G. H., '07, have accepted positions on the Winnipeg General Hospital Staff.

MISS KATHLEEN BROCK, who has been at home in Kentville, N.S., for six months, returned to Montreal in November, to resume private nursing.

ALMONTE, Ont., is to have a new \$9,000 Cottage Hospital, the gift of Mr. Bennett Rosamond. It will accommodate twelve patients, and will be completed about the first of December.

MISS DESBRISAY (M. G. H.), and Miss Dawson (St. Thomas Hospital, England), who has been nursing for several years in Canada, have left for a visit to England. They will be absent six weeks.

To the operating room of G. and M. General Hospital, Goderich, have been added two up-to-date dressing tables, a solution stand and an irrigator, by the young ladies of Goderich who have entered the field of nursing.

THE representatives of the Victorian Order of Nurses in Winnipeg are at present residing at 233 Kennedy Street, in the Nurses' Home. They expect very soon now to have a home of their own. In a recent letter one of the nurses has a kind word for us. She says: "We all enjoy THE CANADIAN NURSE very much, and quite look forward to its arrival each month."

THE Wingham General Hospital, opened on January 24, 1907, has been filled to its capacity during the summer and fall, and the nursing staff has been increased. Improvements are constantly going on and at present a beautiful sun-room and conservatory are almost ready for use. Its success so far has been beyond expectations. The Ladies' Auxiliary in connection with the hospital are doing splendid work. The hospital could not get along without them. It is pleasant to learn that the superintendent and nurses look forward with great pleasure to THE CANADIAN NURSE each month.

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MISS MAY CODE and Miss Elizabeth McKnight, of this class also, have accepted positions in New York.

THE first meeting of the Montreal General Hospital Alumnae Association was held on Oct. 2, at 59 Park Avenue, Montreal.

MISS SCOTT has accepted the appointment of 2nd assistant in the Training School for Nurses of Toronto General Hospital.

MISS ISABELLA LIKELY and Miss Ethel Gamble, graduates V. P. H., Fredericton, have gone to Duluth, Minn., where they will engage in private nursing.

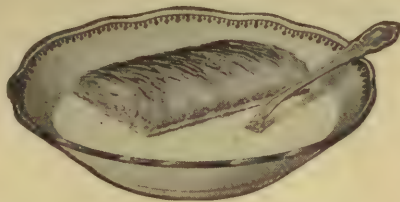
MISS INA WILLIAMS, graduate of City Hospital, Minneapolis, has been appointed Head Nurse, Theatre and Surgical Flat, Royal Jubilee Hospital, Kenora, Ont.


MISS MARGARET BRUCE, graduate of Stratford General Hospital, who has been spending the summer in Goderich, has gone to Washington, D.C., where she will engage in private nursing.

MISS LOWE, graduate of the Winnipeg General Hospital, '05, and post-graduate of Sloane Maternity, is at present in charge of the Winnipeg General Hospital Maternity. She left in November for New York to take a post-graduate course in the Memorial Hospital.

THE temporary appointments for the summer at the Pavilion and Burnside (T. G. H.), seem to have given general satisfaction. We have pleasure in announcing that Miss Lindsay has now been appointed Head Nurse of the Burnside and Miss Mitchell Head Nurse of the Pavilion.

GRADUATING exercises were held recently at St. Joseph's Hospital, London, when five nurses, now fully qualified, received their degree from His Lordship, Bishop McEvoy. The valedictory was read by Miss Lila Bell, and was replied to by Dr. Hodge. Many friends of the graduates were present, and the assembly room presented an attractive appearance. It was tastefully decorated with the hospital colors, yellow and white, and the natural effect was attained with palms and ivy. Following the presentation of the diplomas and medals to the graduates who were, Miss Lila Bell, Peterboro; Miss Maud Baye, Orillia; Miss Agnes Bandeen, Rodney; Miss Alfaretta Tuckey and Miss Alice Butler, of London, a musical programme was introduced by the chairman, Rev. Father Aylward. A violin solo was contributed by Miss McKim, of Ingersoll, accompanied by Miss Keating, also of Ingersoll, as well as several concerted numbers by the nurses. Words of inspiration and hopefulness were spoken in the addresses given by Senator Coffey, J. B. McKillop, Crown Attorney, and Dr. Tillman, of the Board of Education. The graduates were the recipients of many beautiful flowers.



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The Nurse's Calendar

The Alumnae Association of the Toronto General Hospital Training School has issued a **Calendar for 1908** consisting of daily quotations from various authors. The object is to establish an emergency fund for sick nurses. The Calendar is gotten up in an attractive form in the school colors and will be **for sale early in December** at any of the Nurse's Homes.

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MISS MANSON, Head Nurse at the J. H. H. paid a brief visit to Toronto recently.

WE are indebted to Miss Scott for an attractive programme of lectures in the Training School for this year at Kingston General Hospital.

MISS LANE, M. G. H., '07, has been appointed assistant to Miss Tedford, nurse-in-charge of the operating room, Montreal General Hospital.

MISS MONTGOMERY, Winnipeg General Hospital, '07, has gone to Morden to take charge of the operating room and surgical wards of that hospital.

LETTERS from the West from Misses Lena Martin and Martha Marriott, who went out for the benefit of their health, report both very much improved.

MISS RUTLEDGE, graduate '07, Winnipeg General Hospital, has accepted the position of night supervisor in the City and County Hospital, St. Paul's, Minn., U.S.A.

THE Alumnae Association of the Montreal General Hospital has opened a registry for their nurses at 59 Park Avenue. Miss M. V. Young, M. G. H., '03, is registrar.

WE are glad to hear from Miss Trew, of the Montreal General Hospital, that two or three other graduates of that splendid hospital are soon to settle in Toronto.

MISS MARY SHAW, Montreal General Hospital, assistant superintendent Jeffrey Hale Hospital, Quebec, was at her home in Montreal for a short time in October.

MISS L. M. FOWLER, superintendent of nurses at the City and County Hospital, Denver, resumed her duties on November 1st, after a much needed vacation of two months.

MRS. DOULL, wife of Rev. A. J. Doull, Montreal, was "at home" to the members of the Guild of St. Barnabas after the devotional meeting held at the Church of the Advent.

MISS ALBERTINE MACFARLAND (T. G. H.), Superintendent of the Vancouver General Hospital, recently paid a flying visit to Toronto, and was cordially welcomed by all her old friends.

MISS IDA WATROUS and Miss Edith Burling (Guelph General Hospital, class 1906) have given up private nursing and taken positions in the King's County Hospital, Brooklyn, N.Y.

MISS ALLEN, Chief Lady Superintendent of the Victorian Order of Nurses, is to be married in December, to Mr. H. Gilbert Vernon Smith, of the Department of Justice, Ottawa. The marriage will take place in Toronto, and the future home will be at 190 Charlotte Street, Ottawa.

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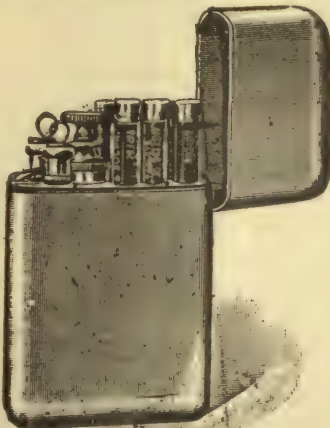
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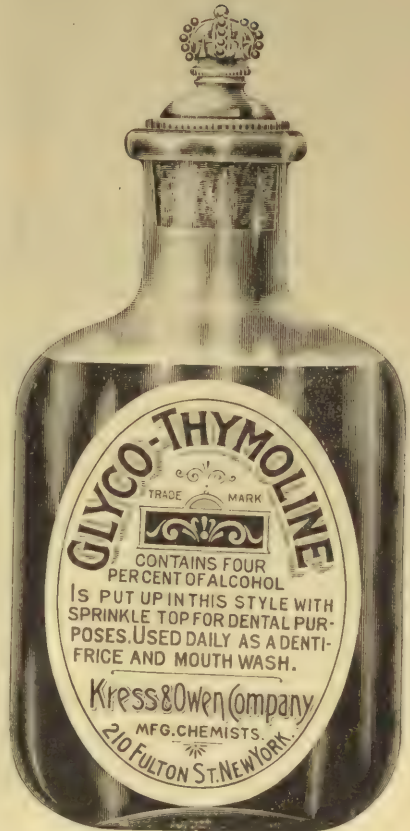
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MISS CRINGLE (T. G. H.) was appointed some time ago in charge of the Housekeeper's Department at Toronto General Hospital.

MISS ALICE J. SCOTT, Superintendent of the Training School for Nurses, Kingston General Hospital, spent Thanksgiving Day at her home in Toronto.

MISS EVA HENRY, graduate St. Joseph's Hospital, London, '07, is at present doing private nursing in Chicago, where Miss Louisa Flood, of the same class, has recently joined her.

At the annual meeting of the Toronto General Hospital Alumnae the following officers were elected for 1907-08: President, Miss Agnes Muir; Vice-Presidents, Miss Fralick and Miss Tweedie; Treasurer, Miss Halbaus; Recording Secretary, Miss Mary Roberts; Corresponding Secretary, Miss Sanson; Directors, Miss Hall, Miss Burnett, Miss Crosby; Central Registry Board, Miss Crosby and Miss Boyd. The conveners of the respective committees are: Registration, Miss Bowerman; Programme, Miss Alice Stewart; Look Out, Miss Baldwin; Social, Miss Younger; Press, Miss Christie. The representative on the Editorial Board of THE CANADIAN NURSE is Miss Frieze.

THE Toronto Graduate Nurses' Club has now been incorporated under the Benevolent Societies Act of Ontario and active steps are being taken to purchase or rent a house to be used as a club house, where nurses may reside and where nurses' associations may meet and may have their headquarters, offices, etc. At the first annual meeting, held on November 15th, at the Canadian Institute, the following were elected as the Board of Directors for the ensuing year, and they will elect the officers at their first meeting, the first Wednesday of next month: Miss L. Bowerman, Miss E. B. Barwick, Miss K. Mathieson, Mrs. Thos. Roden, Miss E. Argue, Miss L. Brent, Miss Julia Stewart, Mrs. R. H. Greer and Miss Mary Gray. A constitution and by-laws have been drawn up and the Treasurer's report shows a balance of \$650.00 in the bank. We congratulate the Club on their success and hope that the club house plan will receive immediate and hearty support.

THE Made-in-Canada exhibition in aid of Kingston General Hospital, held in the Armories, from Oct. 7 to 12, opened by His Honor, Lieut.-Governor Wm. Mortimer Clerk, has proved a great success. The total receipts amounted to \$9,500, and the net amount will be over \$8,000. Very generous donations were received from the farmers of Frontenac and adjoining counties,

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

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also from many manufacturers throughout Canada. A grand march, representative of Canada past and present, led by Britannia, was a great attraction each evening. In addition to numerous exhibits from manufacturing firms there were farm produce, fancy work, chafing dish, tea, home made, ice cream, Indian and other booths. The nurses' alumnae had a Red Cross booth under the sign of "the battered and bruised are mended here," where all articles for use in the sick-room could be purchased. Dolls dressed in the various costumes of the training schools, and donated by hospitals both in Canada and the United States, were also a feature of the nurses' booth. Sairey Gamp and Betsy Prig were also present. The sum of \$334 was realized by the nurses' booth. We regret very much that our space will not permit a more extended notice of this event, in which we all feel a personal interest and pleasure. Indeed, it was the sole topic of conversation during the week, and was really a delightful occasion. Everything was so well done that it is hard to know what to mention specially, but, as one would expect from Kingston, the historical aspect was not lost sight of. In the march-past Laura Secord was represented by her great-granddaughter, Mrs. Laura Secord Dunn, and a near relative of Barbara Heck's was also present. Everyone was there, everyone helped and everyone was pleased. Mrs. J. C. Connell, President of the Ladies' Aid, fittingly acknowledged the loyal assistance they had received from all.

THE first meeting of the Toronto Chapter of the Ontario Graduate Nurses' Association, took place in November. The President, Miss Bowerman, was in the chair.

MISS SCOVIL has resigned her position of Head Operating-room Nurse in the General Protestant Hospital, Ottawa, and will leave for her home, Portland, Ont., about January 1st.

BIRTHS.

MACGREGOR—At Tuxford, Sask., on September 10th, 1907, to the wife of Rev. Alexander MacGregor, a daughter. Mrs. MacGregor (nee Barron) is a graduate of the Montreal General Hospital.

CAMPBELL—COWIN—At Holy Trinity Church, Toronto, on Oct. 30th, 1907, by the Rev. W. Brane, Walter Campbell, of Hamilton, to Miss M. A. Cowin, of Hornby (graduate of the Guelph G. H., 1904).

LOWE—STANWIX—Miss Sara Stella Stanwix (T.G.H., 1898) was married on August 7th to Mr. Elliott Lowe, at Ragan, Neb. Mr. and Mrs. Lowe will reside at 2901 Q St., Lincoln, Nebraska.

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MARRIAGES.

FULTON—SNOWDON—On Thursday, Sept. 26th, 1907, at 372 Elm Avenue, Westmount, by the Rev. J. G. Clarke, Miss Annie Snowden (M. G. H., '02), daughter of Mr. James Snowden, to Mr. Peter H. Fulton, of Montreal.

CAWTHORPE—DICK—On Friday, Sept. 27th, 1907, at the home of her mother, Hensall, Ont., by the Rev. E. T. McL. Smith, Miss Jean Dick to Dr. Fred. Cawthorpe. Dr. and Mrs. Cawthorpe will reside in Parkhill, Ont.

The Nurse's Library.

The Thanksgiving number of the *Delineator* is full of good things—very good things. "The Home Without a Child" and "The Child Without a Home," will probably be the longest remembered. Two million homes in America without a child is something you do not easily forget. The fashions are good. "The Kitchen" is good. The stories are good. It is indeed, almost impossible to lay the magazine down when you have once begun to read it until you have finished. Among the contributors are C. G. D. Roberts, Octave Thanet and Edith M. Thomas.

The Prevention of Infectious Diseases. JOHN C. McVAIL, M.D., D.P.H. London, New York, Toronto: Macmillan Co.

Last year's Lane Lectures, revised for publication, form the contents of this volume. Once having looked inside it, the reader is lost. She has to buy it. She cannot do without it. It is good—it is interesting, and it tells you so many things that you can tell other people. The eight chief infectious diseases are dealt with.

International Clinics. Vol. I; Series XVII. Philadelphia and London: J. B. Lippincott Co. Toronto: J. A. Carveth & Co.

From the first article, by Dr. Barker, of the Johns Hopkins, on the "Psychic Treatment of Some of the Functional Neuroses," to the last on the "Progress of the Clinic in 1906," this is a volume which is full of valuable material. The contributors are of international reputation, and the series is now firmly established in the favor of the medical profession.

Medical Diagnosis. CHAS. L. GREENE, M.D. Philadelphia: P. Blakiston's Son & Co.

This is the second edition, carefully revised, of a valuable work on diagnosis, which would be an excellent book of reference.

TEXT-BOOKS FOR NURSES

Medical History from the Earliest Times	
By EDWARD THEODORE WITHERINGTON, M.A., M.B., Oxon.	\$4.00
In Washings (Ten Addresses to Nurses)	
By REV. E. E. HOLMES	\$1.00
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By ALEXANDER MILLER, M.D., C.M., F.R.C.S., Edin.	\$1.25
Manual for Nurse in Abdominal Surgery	
By HAROLD BURROWS, M.B., F.R.C.S.	75c
Ophthalmic Nursing	
By SYDNEY STEPHENSON, M.B., C.M., F.R.C.S., Edin.	\$1.50
Practical Fever Nursing	
By EDWARD C. REGISTER, M.D.	\$2.50
Lectures on Midwifery for Midwives	
By A. B. CALDER, M.B., M.R.C.S.	\$1.50
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By C. O. M.	75c
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By WILLIAM HARDING, M.D., Edin., M.R.C.P. Lond.	30c

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in a nurses' library. The statements are brief yet clear and instructive, and the whole plan of the book is excellent. The mechanical execution is very fine.

The Major Symptoms of Hysteria. PIERRE JANET, M.D. Toronto: Macmillan Company of Canada. \$1.75.

Prof. Janet, of the Salpêtrière in Paris, was invited to assist in the opening of the new and beautiful medical school at Harvard, by delivering a course of lectures therein, and this interesting and valuable volume is the outcome of that course. Many of our readers nurse patients suffering from this disease, and would gladly know something more of hysteria than can be found in an ordinary text-book. Prof. Janet's book, with its scientific exposition of the disturbances of sight, speech, digestion, etc., of the abnormal mental states and of the general problems in hysteria, places us in possession of a book which will be a great help, both to the nurse and the physician.

The Health of the State. GEORGE NEWMAN, M.D. London: Headley Brothers. One shilling.

Visiting nurses, school nurses, district nurses, and all who are interested in health matters will be greatly pleased with this book, which is No. 2 of the Social Service Series, edited by Mr. Percy Alden, M.P. Dr. Newman, a well known author and an able writer, discourses on Food, Milk, Infant Mortality, Fresh Air, Overcrowding, Disease, in a masterly and effective manner.

Inflammation. J. GEORGE ADAMI. Toronto: The Macmillan Company of Canada. \$1.50.

Professor Adami's article on "Inflammation" from Allbutt's System of Medicine is here reprinted in a handsome volume of 240 pages, which will be accorded a hearty reception, and is a book of reference of no small value. It is thoroughly revised, and nurses who wish to read something of opsonins, or to understand the frequent references made in lectures to modern ideas of inflammation, will find this the book for their purpose.

Modern Methods for Securing Surgical Asepsis. By EDWARD HARRISON, F.R.C.S. London, York and Hull: A. Brown & Sons. 3s. 6d.

Fifteen plates and figures, and one hundred and twenty-five pages of text, dealing with surgical asepsis and how to secure it in the wards, the theatre and the private house, by the assistant and the nurses, are here placed before us in an attractive form by Mr. Harrison, of the Hull Royal Infirmary. The book is indeed a model, and will be a boon to surgical nurses who will not be slow to possess themselves of it.

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Primary Nursing Technique. By ISABEL McISAAC. Toronto: The Macmillan Company of Canada. \$1.25.

We need not remind our readers that Miss McIsaac, formerly Superintendent of the Illinois Training School for Nurses is one of the leaders in the profession, and it would be difficult to speak too highly of the text-book that she has prepared. We hold strongly that a nurse, and no one else, is the proper person to write text-books on nursing, and this volume proves it. The first thing that occurs to us about the volume is its completeness. Nothing seems to be omitted. The statements are accurate and clear. The style is not only forcible, but possesses a graphic quality which at once impresses the reader. Miss McIsaac's picture of a tray, for example, on which a patient's meal is arranged, is not easily forgotten. The book is intended for pupil-nurses, but every graduate should have it.

Practical Nursing. By ANNA C. MAXWELL and AMY E. POPE. New York and London: G. P. Putnam's Sons.

We sincerely congratulate the authors of this book, who are respectively Superintendent and Instructor in the Presbyterian School of Nursing of New York, and have to thank them for giving us a work on nursing that may almost be said to mark a new era. Like Miss McIsaac, they are at the head of the profession, yet have found time in their busy lives to write a book which is extremely practical and valuable, intended as a text-book for nurses, and a hand-book for all who care for the sick. The qualifications of a nurse, bacteriology, all the departments of ward work, symptoms, records, and the details of nursing, treatment, emergencies, bandaging, operations, and a synopsis of important diseases, followed by chapters on Food and Massage—these are some of the topics dealt with in this invaluable book, which should be in every nurse's library.

Any of these books may be ordered from Messrs. J. A. Carveth & Company, Toronto.

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.

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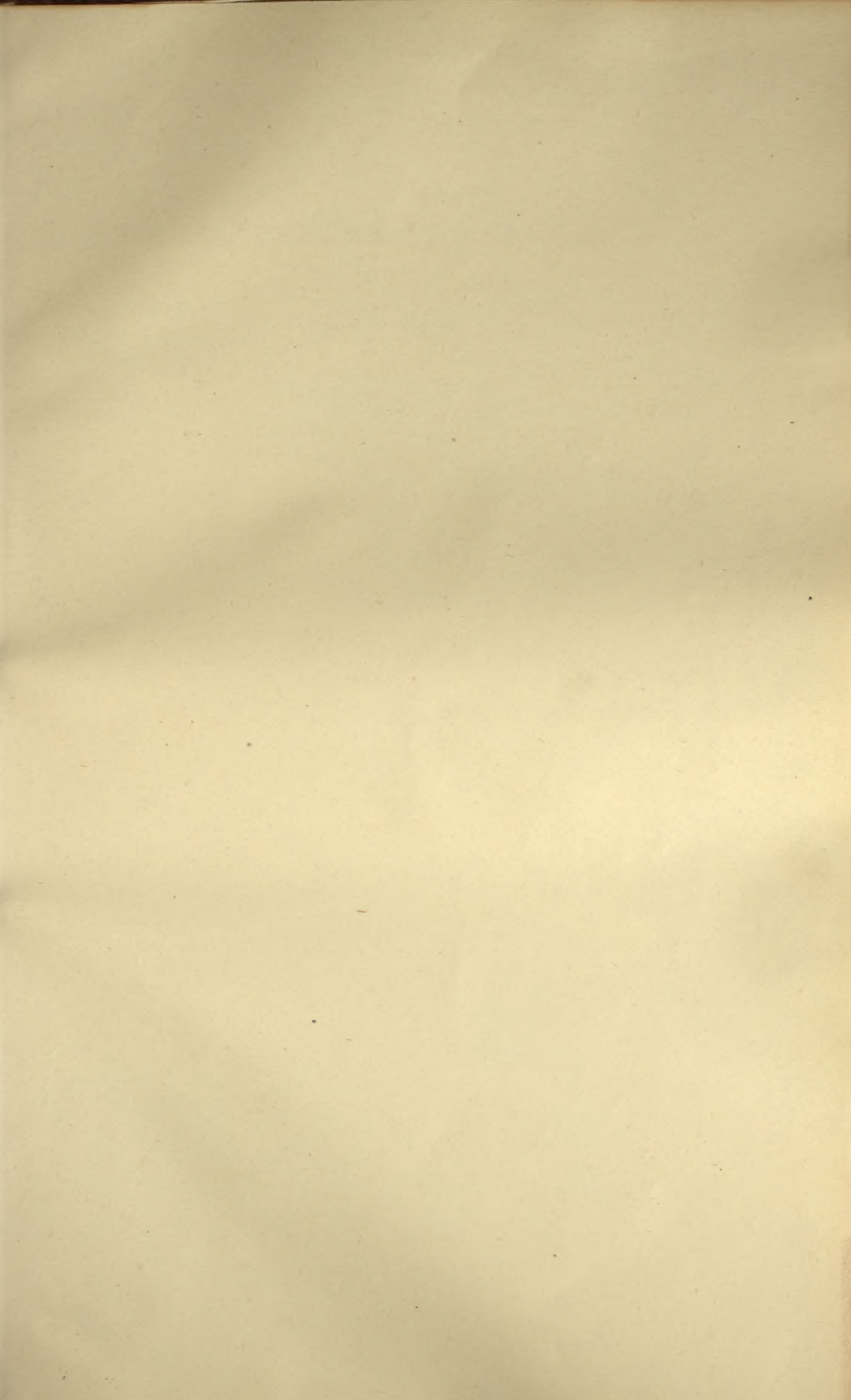
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IMPORTANT.—Announcement of the Nurse's Calendar on page 21 and of the Toronto Graduate Nurses' Club, page 668.



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